Service of the servic bed ondiredult the second moderned reconsider builting Auga Hanry Admini La 1 Helon Cometa Therein North TY--05-0402 Bost Foot Too Teel Bottle, in 2175 North Company of the TURITAR C-9-82 Those mayer Cemetery BE . Last. Part Part Target Company Target Capacity

Hagerstown MarylandsF

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

FOR

. will a far the first of the section of the sectio and the first of the second AND THE RESIDENCE OF THE PROPERTY OF THE PROPE ternel many (hard) simble to the open and friend into dent with with the wind had a been from Commission with and and a comment of the superior a see that the see the THE RESIDENCE OF THE PROPERTY Hotelow menting of 12 metrical 3 861 other Jahre 7 . H. W 

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Poge 4 m	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in the three of the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fire within 72 has with the State Deat of Health and Mental Hygene prior to buriol, cremation, or removal.
DIVISION OF VITAL RECORD	O HOSPITAL OR ATTENDING PHYSICIAN: The law requerened by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicia should be detached for use as the buriol-transit permit. Then please remove corbon papers with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENT.
STATE	DEL ARTHUM OF HEALTH ARE MENT

AL HYGIEND

22032

ı	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.			
1	1. DECEASED NAME	FIRST	MIDDLE		AST		MONTH	DAY YEAR	2b. HO	UR
1	(TYPE OR PRINT)	Frank	Burbe	BAH	BINGTON	August 9	7, 19	82	9:4	5 A M
1	3. SEX	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YEA		ER 24 HRS
ı	Male	Whit	е	Feb	18, 1905	77	YRS.	MONTHS DAY	5 HOURS	MIN.
ł	OUNTER	REIGN 76 CITIZEN OF	WHAT COUNTRY?	B.	D X NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH		
A.	Washington C	o.Md. U. S.	Α.	WIDOWE		Washing	ton			MD.
7	10 CITY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND	OF BUSIN	
1	Hagerstown	Washi	ngton Cour	ity F	Hospital	Supervi:	sor C	ounty I	ds.	Dept.
	USUAL RESIDENCE (IF NURSING 130 STATE 13 Maryland	s home or other institution Bb COUNTY Washington	GIVE RESIDENCE BEFORE ALL 13c CITY OR TOWN Rohrersvi		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	30x 6	1		
1	14 FATHER'S NAME				15 MOTHER'S MAIDEN NAM			Land Div		
1	Thomas	Frank	Babington		Margare	t Cathe	rine	Sh	iuff	
1	160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166. SOCIAL SECURI	TY NO.	17 INFORMANT	ADDR	ss P	. O. Bo	ox 61	
ı	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	220-05-6	5473	Mrs. Martha	E. Babingto	on, R	ohrers	rille	, Md.
	Conditions, if only, v gove rise to immed couse (D), stating underlying couse	DUE TO, O which diote the DUE TO, O lost. (c)	R AS A CONSEQUEN	ICE OF HEA ICE OF EROT	RT FAILURE  IC CARDIOVASCE  NOT RELATED TO THE TERMI		DITION G	3 -	EAR8	AY8
١	TIFIC				· · · · · · · · · · · · · · · · · · ·	YES NO	IN CERT	IFYING CAUSE		TH?
~	TIO. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTHER MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	JSE OF DEATH HOUR A. EXAMINER) P. 21e. PLACE	M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FAR	19 M. ETC )	211. HOW INJURY OCCURRI 211. LOCATION STREET	ED (ENTER NATURE OF INJU		PART 1 OR PART 2		STATE
	22a.1 certify that (1) (1) saw the decreased above (1) 22a) (did 22b. SIGNATURE)	NXXXXX oftended the olive on AUGUST	e deceased from		2 , 19 82 and that in (my) (XX opinion d	, to AUGUST	9 ote and ha		ne couses s	
	22d PHYSICIAN'S NAM	2w. Dix	0-715 2	0	An ADDRESS -	DIRECTOR PHYSIC	IAN 🗌	Augu		,1982
١			I M D			WEST WASHIN		The second		
1		DITTO, II				RSTOWN, MAR	YLAND	)		
	230. BURIAL, CREMATION, RE SPECIFY) Burial		0		oro Cemetery	23d. LOCATION CITY OR TOWN Boonsbo	oro.	Wash. C	0	Md.

Boonsboro Cemetery

DHMH-16 50M 1/81 (VRA 15, 4)

IMPORTANT: If He

24 FUNERAL DIRECTOR
John H. Bast, Jr.

Boonsboro, Md. 21713

8- 12-82

23d LOCATION
CITY OF TOWN
BOONSBORO, Wash. Co.
REC'D. BY REGISTRAR 25b. (45 ISTRAR'S STANK)

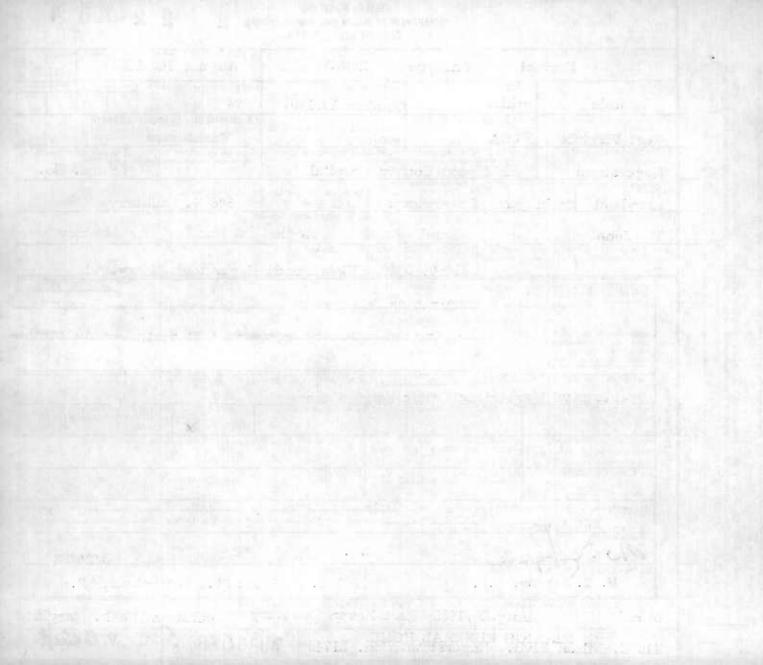
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	2. L. dox		o[[: 9]]		7	insfere!
S. O. Bur St	Catherine	Jere reli	r of nic	·E 34	3	)
	. Bobingoon.	ndareeral i	220-05-31/13			
Transit 1			raina Amira	15		
YAC S.						
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		poorvero, a = = 1	то въроно гъз	=A		
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T 1	Tourus	N AVEIG AT TI	Υ.ΑΥ.Α	T U. U	T.	

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0.	0 0	
1		CEASED NAME E OR PRINT)	HILL.		3 LANCH	E E	AKER	26. DATE OF DEATH	8 24	1/82	26. HOUR 10:00 PN
A)	1 5E	FEMALE	4	RACE	SIAN	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5	BI	RTHPLACE (STATE OR COUNTRY)  Md.	FOREIGN 7!		WHAT COUNTRY?	8 MARRIE WIDOWE	D MEVER MARRIED DIVORCED	9. BALTIMORE CITY O			MC
29	Н	ity or town of dea		WASH	HEACHLITY, GIVE STREET	DUN .	OR OTHER INSTITUTION TY HUSP.	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewif	F WORKING LIFE)	12b. KIND O' INDUSTRY	F BUSINESS OR
75	130. 5	AL RESIDENCE (IF NURS STATE Md.	Frede	Υ	GIVE RESIDENCE BEFORE 13(. CITY OR TOW Cascade	N	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 16752 Rev	en Rock	c Rd.	
00		Charles	E	IDDLE	Ritter		15. MOTHER'S MAIDEN NA FIRST Lydia	MIDDLE		uffma	
2		NAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?  WAR OR DATES)	202-20-2		Mr. Donald E	16752 R		Md.	27779
1.00		PART I. DEATH W  1579  Canditions, if any gove rise to imm cause (a), static	VAS CAUSED  IMMEDIATE  , which mediate	DUE TO, OI	PANC RAS A CONSEQUE	REAT	TIC CARCII	Vom A		BETWEEN	MATE INTERVAL PASET AND PEATH IN THIS
2	CERTIFICATION	underlying cause	e last. NIFICANT CO	ONDITIONS CO	TION FOR WHICH	OPERATIO	NOT RELATED TO THE TERM  N WAS PERFORMED  ICI N I MA	20a AUTOPSY?	206. IF YES, V IN CERTIFYIN	VERE FINDIN	GS USED OF DEATH?
9	1850	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATI	21b. TIME O HOUR A.	F INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	YES [		NO 🗌
-	MEDICAL	21d. INJURY OCCUR	HILE C		EET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
i	0	saw the deceas abave (I) (we) (					nd that in (fny) (aur) apinian	death accurred on the d	ate and haur a		
	A	27b. SIGNATURE  22d. PHYSICIAN'S N	les 1	2. 26	Laney		DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	MEDICAL STAI		22c. DATE	24/82
/		Charle	s R.	Chan	V ) /	•	3635.0	leveland	Ave.	Ha	9., Md
		BURIAL, CREMATION, (SPECEY)  Burial  DELVAL DIRECTOR		236. DATE Aug. 50 S.		Gree	en Hill Cemeter 17268 250. DAY	23d LOCATION CITY Waynest PRECES BY REGISTRAR UG 3 0 1982	oro, F		

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		natual)	•	andress.
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NAME OF STREET OF STREET OF STREET OF STREET



1	F	OR				H AND MENTAL HY		2 2 1	1 5 3	
,		TATE EGISTRAR	ME	DICAL EXAMI	NER'S	CERTIFICATE OF	DEATH	REG. NO.		
		EASED NAME FIF	RST	WIDDIE	1110	LAST	Ze. DAT	E KNOWN MONTH	DAY YEAR	26. HOUR
W PRESTON STREET	(ITPE		RRIE	BESSIE		BOWERS	DEAT	TH MATED AUG	.17 1982	1:50
IRE 3	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN )		NDER 1 YR. IF UNDER 2		ATE MONTH	DAY YEAR	24 HQUB
F	FE	MALE White		1890 92	YRS.	THS DAYS HOURS	MIN. PRONC	AD AUGUST	17 1982	AM
70	a. BIR	THPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARR	RIED NEVER MARRIE	9. BALT	IMORE CITY OR COUN	TY OF DEATH	
2	Me	ergn country)	U.S.A.			WED X DIVORCE		WASHINGTON		MD.
1 10	. CIT	Y OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOA	E, OR OTH	HER INSTITUTION	12a. USUAL OC	CUPATION (TYPE OF WORK	12b. KIND OF BU	USINESS
		gerstown	Western	Maryland H	ospit	a 1 Center	Hous	ewife	ON IN COST	
	SUAI	RESIDENCE (IF IN NURSING I	HOME OR OTHER INSTITUTION, G	13c. CITY OR TOWN	SION)	had inside city (mits)	13a STREET ADI	DRESS		
2	Ma	ryland V	Vashington	Hagersto	wn	YES NO M	1916	DRESS <b>Lincolnshir</b>	e Road	
// 14	i. FA	HER'S NAME	MIDDLE	TAST		15. MOTHER'S MAIDEN	NAME	MIDDLE	LAST	
4		Charles	7110000	Hoffman		Marzor		Du	sing	
160	a. W		S. ARMED FORCES?	16b. SOCIAL SECUR		17. INFORMANT		1916 Linco	lnshire	Rd.
L	,	No		220-30-99	05-D	Helen I. S	imeoni	Hagerstown		
	T	18. CAUSE OF DEATH (En	ter only one couse per line			-heren			APPROXIMAT BETWEEN ONSE	ET AND DEATH
		PART I DEATH WAS CA	AUSED BY: EDIATE CAUSE (o)	486 - PNEUM	ONLA				2 WEEK	(8
	ы	4292	DUE TO, OF	R AS A CONSEQUENCE	OF					
		Conditions, if any, a		29 - ARTERI	OSCLE	EROTIC CARDI	OVASCUL	AR DISEASE	25 YF	28.
		couse (a) stating the u lying couse lost.	nder- DUE TO, OF	R AS A CONSEQUENCE	OF					
		17.113 00000	(c)							
		PART 2 OTHER SIGNIFICANT CONO	ITIONS CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE TEI	MINAL DISEAS	SE OR CONOITION GIVEN IN PART	1 (a).			
3	<u> </u>	FRACTURE OF								
2	MEDICAL CERTIFICATION	19a. DATE OF OPERATION		ITION FOR WHICH OPE					20. AUTOPSY	
	1	3/23/82	1			RACTURE OF L			YES 🗆	NO 🖔
3		210 EXTERNAL CAUSE WA	AS 21b. TIME O	M. MONTH DAY YEAR NEW MARCH 21198	AR Zic. H			F INJURY IN ITEM 18 PART 1 OR PA	ART 2)	
1	Š.	CONTRIBUTING K CAUS	E OF DEATH	MARCH 21198		LL IN BATHR	MOOM			
	MED	WHILE NOT WHILL	F KI STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		OCATION STREET	CITY OF	RTOWN	YINUC	STATE
		AT WORK AT WORK	HOH HO	ME	19	116 LINCOLNS	HIRE RO	., HAGERSTO	WN, WASH	,MD.
		,	charge of the remains de	scribed obove, held on	Autop	psy , Inspection	X, Inqu	iry , ond in my o	pinion	
		death resulted from:	Notural coures X,	Accident , S	vicide	, Homicide .	Undetermined	monner ,		
		5	0.0.	11		TITLE (SPECIFY)				10
1		ACTUAL SIGNATURE DILLO	LWDi	How	^	A.D. DEPUTY	MEDICAL EX	AMINER SIGN	AUGUST	18.
)		EYAMINED'S NAME F	was W. De		0	217 W		SHINGTON STR	EET	1702
1		(TYPE OR PRINT)	WARD W. UIT			_ADDRESS		MARYLAND		
23	Ba.BU	RIAL, CREMATION, REMOV		23c. NAME OF C			23d. LOCATIO	N cou	INTY S	TATE
L		Burial	8-19-82	Boonsb	oro C	emetery	Boonsb	oro Washin	gton, Mo	
		NERAL DIRECTOR	ADDRES	\$ 77				TRAP 736. REGISTRAR'S	SIGNATURE	
E	4.1	Coffman Fu	neral Home,	inc., Hagers	town,	Ma. AUG 2	3 1982	John & C	shelf	

SISSE Evaluation of the state of TECHNICAL MOLES AS ASSESSED TO THE SECOND STREET · Y - The state of the control of th FIRST BE SELTON THE THE SOUR STRAFF - BOLT WOLN CENT MOCHITATION CLUB TO TE ADMANGE AND .c.q. east amoranasa ... sets unon util avor ... TEAHT, MOTERIAL TREE 12 Tab. Color Table 1 ELMA-1. HTTP, HIL, M.L. MAGESTON, AND ELMAND . H. C. C. LEON DESTRUCTION OF THE CONTROL OF THE C  FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGISSE
CERTIFICATE OF DEATH

2

2036

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONIH 2b HOUR TYPE OF PRINTS Estella. Elsie Brinkman August 9, 1982 3. SEX 4. RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Female White October 25, 1903 78 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA WIDOWEDIX DIVORCED Washington County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR TION INDUSTRY HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Housewife, Hagerstown Western Maryland Hospital Center JOUAL RESIDENCE (IF NURSIN OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Frederick NO [ 7958 McKaig Road Frederick 14. FATHER'S NAME MIDDLE Wagoner Miranda Thomas House ADDRESS Hagerstown, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST Mrs. Dorothy J. Lewis, 7958 McKaig Rd. 213-22-3179 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b) PART I. DEATH WAS CAUSED BY 500 IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX 21a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (4) (this hospital amended the degrased fro saw the deceased alive an above, (I) (was (did) (ded no and not in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 224 DATE SIGNEL PHYSICIAN | 22d PHYSICIAN'S NAME (TYPE OR PRINT) Western Md. Hospital Center Mokhtar Milaninia, M.D. 1500 Pennsylvania Ave., Hagerstown, Md. 23( NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Cumberland. Allegany Margland 8/12/82 Rose Hill Cemetery, Burial

H. Waine George 202 Greene St. Cumberland, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

00

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

L	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	10.			
	DECEASED NAME FIRST	MIDDLE	How ME	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	IDA	GERTRUDE	E	ROOKS			08	15	82	10:10A M
1.5	έx	4 RACE	5 DATE (			6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS
	emale	Caucasian	10	02	1895	86	YRS.	MONTHS	DAYS	HOURS MIN.
1%	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8	D NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH	
	aryland	USA	WIDOWI		IVORCED [	Washingto	n Cou	nty		MD
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE		OR OTHER INS	TITUTION	120 USUAL OCCUPAT		12b.	KIND O	F BUSINESS OR
		Reeders Memoria	al Home		1	RN	OF WORKING	LIFE) IND		rsing
13a	UAL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION GIVE RESIDENCE BEFO		1 13d INSIDE	TTY HAAITS?	13e STREET ADDRESS				
	Maryland	Baltimo		YES 🔽	NO 🗌	723 E. Be	l ve de	re A	ve.	
14. F	FATHER'S NAME	MIDDLE LAST		15. MOTHER	S MAIDEN NA	ME MIDDLE			LAS	
1		ox		200	Rhoda	F. Wills			LAS	
160	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SEG	CURITY NO.	17. INFORMA	ANT	ADDR	ESS			
$\vee$	no	215 10	4924D	Kenne	eth Bro	oks 723 E.	Bely	eder	re A	venue
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly ane cause per line far ), (b).	and (c).)	- /	1			В	APPROXI	MATE INTERVAL
1		E CAUSE (a) HUTE	6-1	hem	errhag	11				
	1773	DUE TO, OR AS A CONTEG	UZNCE OF	1 .	4.1				<	11
	Canditians, if any, which	( (b) Abo	omina	l ao	The a	Meunjom	/		Nde	den-
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSTO	UE/ACE/S	11	1	./			m.	nite
	underlying cause last.	la fre	bable	Wode	not t	noston			140	nois
2	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITIONG	VEN IN P	ART 11c	31
1 5										
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?				GS USED OF DEATH?
4 5	BL ACCIDENT WAS UNDERSOONED	The Time Of Million		101 1101111		YES NO	5	ES 🗌		NO 🗌
AL C	OR CONTRIBUTING CAUSE OF DEA	THE HOUR A.M. MONTH	DAY YEAR	71c HOW IN	1JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR F	'ART 2)	
1 S	(IF EITHER NOTIFY MEDICAL EXAMINER:		19	100000	011					
MEDIC	MHITE WOLKHED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC )	21f LOCATION STREET		CITY OF TO	)WN	cou	YINL	STATE
	AT WORK		· v.w.y	10,		0/14		5	-	
	22a L certify that (I) (this haspit	(al) attended the deceased fram	87/1	8/	19		_	19	-, 1	that (I) (we) last

erter death.

DEGREE

ATTENDING PHYSICIAN

and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated 22c. DATE SIG MEDICAL STAFF DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF PRINT

23c NAME OF CEMETERY OR CREMATORY

TE ADDRESS

23d LOCATION

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

226. SIGNATURE

FOR

8/18/82 Mary's Cemetery

Baltimore, Maryland

DFWH-16 50M 1/81 (VRA 15, 4)

Burgee Funeral Home 3631 Falls Road 21211

23b. DATE

AUG

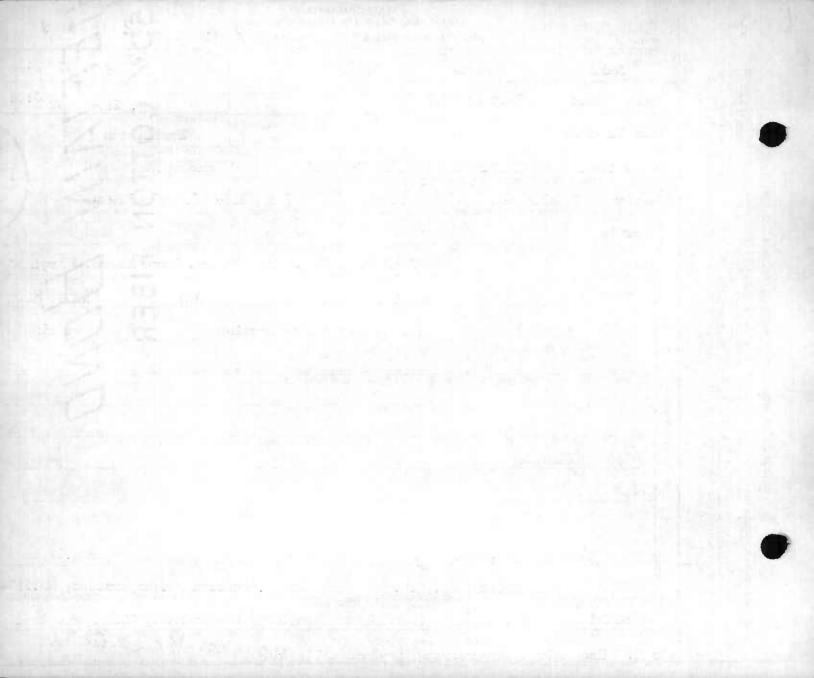
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DHMH-16 30M 2/80 (VRA 15, 4)

-				STATE OF MARYLAND		
	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 8 2	22070
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	- 4 0 0 0
19	I. DE	CEASED NAME	MIDDLE	O LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(1176	ORPRINT) Lillie	CL12ABT	era Burnett	8/	12/82 (a'00 PM
1	3. SE	n	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
1		remale	Caucasian	10 /10 /1899	82	
31	Tn. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COLL	
50	W	est Virginia	U.S.A.	WIDOWED DIVORCED	WASHING	LOTS LOTS
4.0	IO CI	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR
20	H	ancock	IF NOTHIN SUCH FACILITY, GIVE STREET	T ADDRESS)	SEAMSTRESS	
31	USU	AL RESIDENCE (IF NURSING HOME OF	PROTHER INSTITUTION, GIVE RESIDENCE BEFOR			
1			Shington Hance	YES NO MATERIAL NO		Ivania Ave
	14 FA	THER'S NAME		15. MOTHER'S MAIDEN NA		
10	1	CHARLES	MIDDLE LAST	E MARGA	DET PEACE	ROTT
		VAS DECEASED EVER IN U.S. AR			ADDDESS	ST
1	()	YES, NO OR UNKNOWN) [IF YES, GI	IVE WAR OR DATES)	3-0945 HARILD A.TS	DURNET HANG	ock, mp.
*		18 CAUSE OF DEATH (Enter or	inly one cause per line for (0) (b), or		I HAME	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
33		PART I. DEATH WAS CAUSE	ED BY:	ninal Carcinom	natosis	Vrs.
13		1950 MMEDIA	TE CAUSE (U)			
		Conditions, if ony, which	DUE TO, OR AS A CONSEOU	JENCE OF		
	100	gove rise to immediate couse (a), stating the	(0)			
		underlying couse lost	DUE TO, OR AS A CONSEOU	JENCE OF		
		PART 2 OTHER SIGNIEICAN	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(p)
	NO O		ailure			
org.	CERTIFICATION	190. DATE OF OPERATION		H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
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0	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
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			oital) attended the deceased from	4/22 1982	- to 8/12	
	2		n ot) view the toddwarfer death.	ond that in (my) (our) opinion	death occurred on the date and	
	7	221/SJESSONE	0 11/	DEGREE		22c. DAYE SIGNED
		XGaillo K	C. Khaney	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/12/82
		224. PHYSICIAN'S NAME (TYPE	OR PRINT!	22e ADDRESS	1 1	11 0
1		Charles R. (	haney M.D.	363 5.	Cleveland C	we. Hag. Md.
		BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	10	WIR I ML	8/15/82 A	LPINE METHODIST	- HANCOCK	MORGAN WILL
	-	UNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR RE	
<	4	TAME)	ADDRESS ADDRESS		116 1 9 1982	may raming

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		male cau	ıc		18 1937 44 YR		HTMOM	DER 1 YR.	IF UNDER 2	MIN. PRO	DATE NOUNCED DEAD		21,	1982	24. HOUR 3:38	
NECESSA OF PRESE	Ŵ	RTHPLACE (STATE OR REIGN COUNTY) est Virgin	nia	7b. CITIZEN OF WHAT COUNTRY?  U.S.A.    MARRIED   NEVER MARRIED						gton		MD				
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	Н	agerstown	1	Washing	ton C	ounty	Hos	pital	ION	self	occupation of working to employ	PE) (TYPE OF V	WORK 12b	ORK 126 KIND OF BUSINESS OR INDUSTRY		
SHOULD BE SHOULD BE LECORDS.	13a S M	TATE aryland	Washi	ngton	13c CITY C Hag	R TOWN erstow	n	13d. INSIDE (ITY LIMITS? YES NO ES 2230 Cloverleaf F					Roa	Road		
ST CAR		Bernie		MIDDLE		ers		Be	ulah	NAME	MIDDLE		Не	dges		
T. PAGES 1 AND 2 S DIVISION OF VITAL	16a. V (Y	VAS DECEASED EVE ES, NO, OR UNKNOWN) NO	R IN U.S. ARM (IF YES, GIVE W	ED FORCES? /AR OR DATES)		34-393		Mrs.		у Вуе	rs, H	agers	town	, Mar	yland	
OZ E		18. CAUSE OF DEA PART I DEATH V	WAS CAUSED	CAUSE (a)	ca	rdiac		st			427			APPROXIMATE BETWEEN ONSI		
ANSIT REMO			immediate	DUE TO, OR		equence o		dial	infar	ction		300		48 m	in	
1113 - 40		gave rise to immediate couse (a) stating the under- lying cause last.  (b) The data in your life to the under- lying cause last.														
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D = 2/ K = /	CERTIFICATION	198. DATE OF OPER	RATION	196 CONDIT	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							2	YES .	17 NO 🛣		
HING THE WOR DED TO THE CHEST STANDING BE USED FROM THE CHEST STANDING BE USED FROM THE USED FROM TH		210. EXTERNAL CAL UNDERLYING CONTRIBUTING	OR	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR ATH P.M. 19				ire of injury in	ITEM 18 PART	1 OR PART 2)						
E, WRITING THE RWARDED TO STATE DEPART STATE DEPART (), 21201 PRIOR	MEDICAL	21d. INJURY OCCU WHILE NO AT WORK AT		21e PLACE C STREET, FACT	OF INJURY ORY, FARM, ETC	(AT HOME,		ATION		CI	TY OR TOWN		COUNTY		STATE	
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, VECUTE THE CERTIFICATE, VECUNERAL DIRECTOR: PARTER DEATH, WITH THE STABLIMORE, MARYLAND, 2		226. I certify that death resulted fro ACTUAL SIGNATURE		e of the remains described and causes X,	Accident [	_	Autaps ide	Hamici	Inspection de	Undeterm	nquiry		DATE A	Aug.21	,1982	
O MEDI XECUTE AGE 4 O FUNI VETER DE	1	EXAMINER'S NAMI (TYPE OR PRINT)				1.D.						.,Hag	ersto	own, M	ld.2174	
P		burial burial	A	ug. 25,1	982 1	Rest H		Cem	etery	Page Hag	erstov	vn, W	Vash.	Mary	land	
DHMH-17 (VR A15 ME (5))		UNERAL DIRECTOR NAME  5 E. Wilso					and	21740	AUG	2719	GISTRAR 7	lun	2. Co	wif		



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DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT BYRON KUTH 3 SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Feb. 17.1912 Female Whi.te 70 To BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington Co.. USA-New York USA DIVORCED WIDOWED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR Washington Co. Hosp. TYPE OF WORK FOR MOST OF WORKING LIFE)
MUSICIAN Radio Hagerstown USUAL RESIDENCE (IF NURS OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 113d. INSIDE CITY LIMITS? 9311 Huber Rd. Penna. ranklin St. Thomas NO M FATHER'S NAME 15. MOTHER'S MAIDEN NAME Joseph Carlin Ethel McKain 9311pomsber Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT HEYES GIVE WAR OR DATES) 488-01-1574 S. Tidd Byron St. Thomas, Pa., 17252 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Carrenoma R. Ince 6 mile. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [ NO [ 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased fram.... 87 (\$19 82, and that in (my) (alg) apinion death accurred on the date and hour and from the causes stated saw the deceased alive an\_ abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE 22¢ DATE SIGNED John St Horn baler h.D ATTENDING 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS JOHN HI HORNBAKER HAREPSTOUN, MD 21140 230 BURIAL, CREMATION, REMOVAL 236 DATE 8/18/82 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION Mercersburg Franklin Pa. Fairview Mercersburg, Pa. John & Carried

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

FOR

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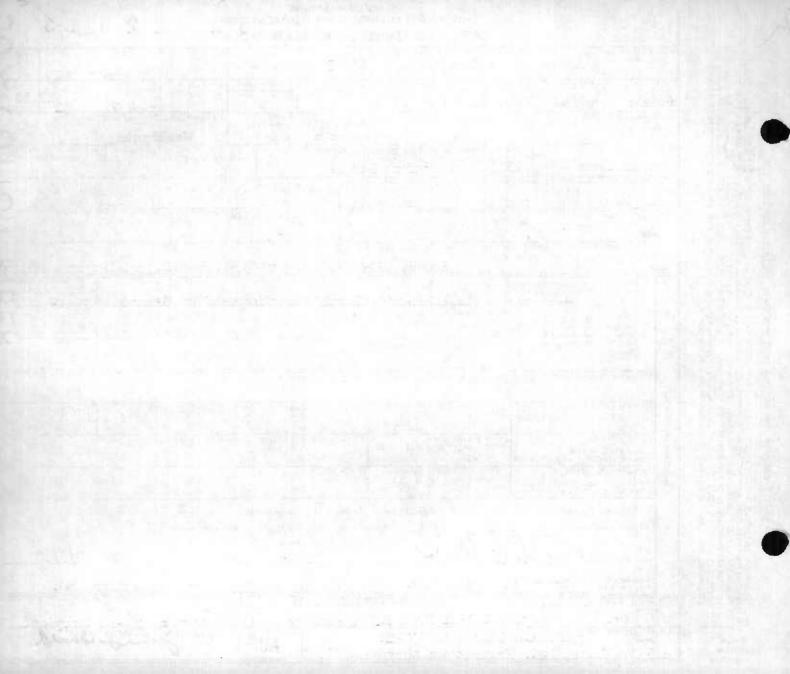
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. JL		1			AACONTA	DAM WEAR	R D AGE		MONTHS DAY	
R	Male IRTHPLACE (STATE OR F	005.0	White	WHAT COUNTRY		18, 1914	0.044	68 y	RS	
	COUNTRY)			WHAT COUNTRY	MARRIEI	NEVER MARRIED		TIMORE CITY OR COU	NIY OF DEATH	
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	JETS TOWN AL RESIDENCE (IF NURSI	NC HOW OR	Washin	gton Cou	unty Ho	ospital	0	wner	Res	taurant
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-		Washir	igton	Willian	nsport			44 N.Artiza	an St.	
r FA	ATHER'S NAME FIRST	MI	DDLE	LAST		15 MOTHER'S MAIDE	NAME	WIDDLE		LAST
_	Victor	Edwi		Castle		Emma		Elizabeth	Bus	ch
	VAS DECEASED EVER		ED FORCES?	16b, SOCIAL SEC		17 INFORMANT		ADDRESS		
	yes			214-09-0	0341	Jeannett	L.Cast	le (item	n 13 abo	ve)
	PART I. DEATH W.	I Enter only	one couse per	line for (o), (b), c	and (c)				APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH W.	IMMEDIATE		Cardia	e airs	ut due to	1 Euch	actor filill	ation .	30 min
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	gove rise to imm couse (o), stating	g the	DUE TO, O	R AS A CONSEQ	UENCE OF					
	underlying couse	lost	(c)_							
7	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO					SEASE OR CONDITION	GIVEN IN PART	1(a)
Ö						mellite	rs			
CA	19a. DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	H OPERATION	WAS PERFORMED	20a	AUTOPSY? 20b. IF	FYES, WERE FINI RTIFYING CAUS	DINGS USED
RTIF							YES	□ NO 🗗	YES	NO 🗌
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	sow the deceose obove, (1) (We) (d	d olive on	view the body	811819	62, on	d that in (my) (ob) op	inion death o	ccurred on the dote ond	hour and from t	he couses stoted
	226. SIGNATURE	1			С	DEGREE		e religion of the		TE SIGNED
		JIH	tornle	alex wi	3	ATTENDIN PHYSICIA	NG MEDI	ICAL STAFF	8-	20-82
	22d. PHYSICIAN'S NA	ME (TYPE OR P	RINT			22e ADDRESS				-1-7-1
	John H.	Hornba	ker,Sr	. M.D.		645 E.Firs	st St.	Hagerstown	,MD 2174	40
		REMOVAL	23b. DATE	230	NAME OF CE	METERY OR CREMATO	ORY [23d	LOCATION		
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24 FU			3	, . ,		250	DATE RECA	BY RESIDENCE TO THE SECOND	STRAR'S LIGH	interest year
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SSARY PLEASE ALDIRECTOR. R YOUR FILES. HINYZ HOURS ESTON STREET,	female	4. RA	ce hite	5. DATE OF BIRTH MONTH DAY Feb. 10.	1895	AGE (IN YEARS LAST BIRTHDAY)			UNDER 2	MIN. PROM	DATE NOUNCED DEAD 7	MONTE	DAY	12	2d HOUR :30
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BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2. ITH FORM PM 3. PAGES 1 AND 2. IVISION OF VITAL	16a, WAS D (YES, NO.	ECEASED EVE OR UNKNOWN)		MED FORCES? WAR OR DATES]		09-758		17. INFORMA	NT	n A.	ADDR Lansin				n .Mc
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	AND 3 RETAIN 3		TATE Md	113b. COUNT	ROTHER INSTITUTION, GIV TY Sh.	13 CITY Hag	OR TOWN erstown	13d. INSIO YES	DE CITY LIMITS?	13e SJ8E	Antie	etam Di	٥.		
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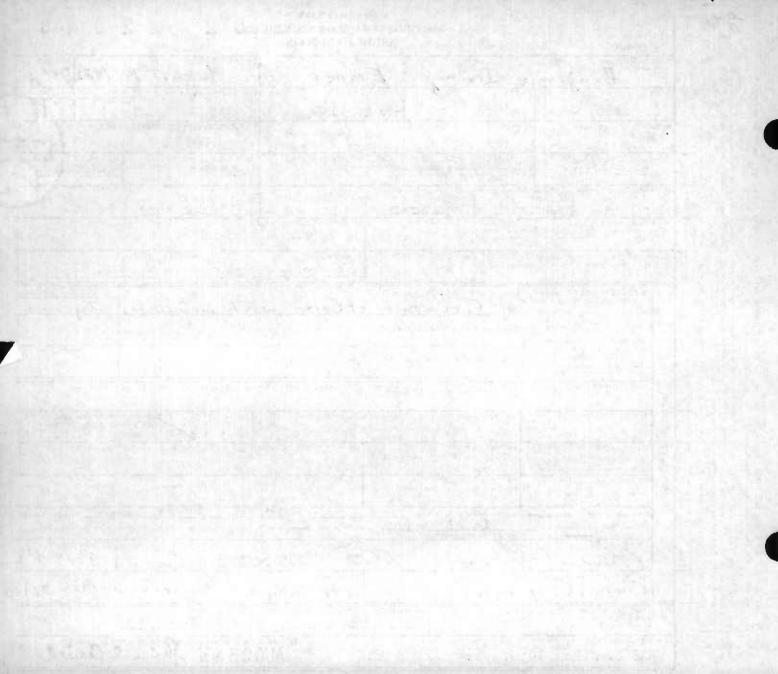
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Gerald N. Minnich Hagerstown

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

		REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST EMMA	Ruth		ERVIN	August 4, 198		S SO A
		emale	white	5. DATE (	by 28, 1901	6. AGE (IN YEARS LAST BIRTHOAY)  81 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5	P	RTHPLACE (STATE OR FOREIGN COUNTRY) ennsylvania	76. CITIZEN OF WHAT COUN  USA	MARRIE		BALTIMORE CITY OR COUNT Washington	Y OF DEATH	MD.
9	Н	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVES Washington	County		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L  piano teacher	FE) INDUSTRY	mployed
5	13a. S			TOWN	YES NO	13e STREET ADDRESS 1104 Luthe	r Drive	
0	A		MIDDLE LAST		15. MOTHER'S MAIDEN NAM	E. Sch	ıull	
			214-34	-2490A	Mr. William E	ADDRESS L. Ervin, Hagers	stown, M	1d.
)	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE 10, OR AS A CONS	EOUENCE OF EOUENCE OF	Lessel Dan	IN CERTI	300 300 VEN IN PART 100 S, WERE FINDING FYING CAUSES O	OF DEATH?
	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED  WHIE NOT WHIE AT WORK 220.1 certify that (I) (this hospi saw the decosed alive on obave, (I) (ye) (did) (did no 23 SIGNATURE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET  19 6  10  10  10  10  10  10  10  10  10	ED (ENTER NATURE OF INJURY IN ITEM 18  CITY OR TOWN  T, to  eath occurred an the date and have	COUNTY	STATE  STATE  sat (1) (we) lost auses stated  JGSMED
	23n B	WE PHYSICIAN'S NAME PYPE OF THE PHYSICIAN'S NAME PYPE OF THE PHYSICIAN SEMOVAL	E MARTA	N MI	ATTENDING PHYSICIAN P  22e ADDRESS  363  EMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN	tue,	182
	b	specify)	Aug.6,1982		Hill Cemetery	Waynesboro, F	ranklin,	Penna.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signe should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene priar ta bur

marked or Item 18 shor

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME Wilson Blvd., Hagerstown, Md. 21740

And the state of t

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

2

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REGISTRAR			CERTIFI	CATE OF DEATH		REG. NO.	Firm - Com		
1. DECEASED NAME FIRST	MI	DDLE	LA	ST	2a. DATE	OF DEATH MO	NTH DAY	YEAR	2h HOUR
Pear	131 a	inche		Etter		8	-21-	85	1:1010
3. SEX Female	4. RACE		5. DATE OF	BIRTH  DAY  189		YEARS LAST BIRTHDA	MONTHS  VRS	DAYS	HOURS M
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8	NEVER MARRIED	9 BALTIM	ORE CITY OR C		ATH	
Virginia	U.S.	Α.	WIDOWED			Washin	gton		
Hagerstown	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET A gton Cou	ADDRESS)	OTHER INSTITUTION  Iospital	12a USUA (TYPE OF WO hous	L OCCUPATION ORK FOR MOST OF WO SEWIFE	ORKING LIFE) 12b.	KIND OF	BUSINESS
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO Maryland Was	UNTY	ive residence before 3c CITY OR TOWN Hagerst	N I	13d. INSIDE CITY LIMITS' YES NO 🌁	? 13e STREE	TADDRESS incoln H	leights		
Albert	WIDDLE	Viano	15	15. MOTHER'S MAIDEN  Catheri		MIDDLE		LAST	
60 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)  NO	ARMED FORCES?	6b. SOCIAL SECU 215-14-2		Mr. James	L. Com	address er, Hag	gerstow	n, M	larylar
PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	T CONDITIONS COM	USSCU	DEATH BUT N	OT RELATED TO THE TE	ERMINAL DISEA  200 AU  YES	Rig th 1 TOPS 1? 20	ON GIVEN IN  A 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	P C	
OR CONTRIBUTING ONLINE OF	NER) P.M	MONTH DA	Y YEAR	21c HOW INJURY OCC				PART 2)	
21d. INJURY OCCURRED  WHILE NOT HILE AT WORK	21e PLACE OI (AT HOME, STREE	F IN JURY ET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATION STREET		CITY OR TOWN	co	UNTY	STATE
22a.1 certify that (1) (this had sow the deceased alive above, (1) (we) (did) (did	on 8 - 20	19.8	7-0.	1 that in (my) (a==) opini	on death occur	red on the dote of	nd hour ond f		hot (I) ( <del>****)</del> I ouses stoted
22b. SIGNATURE	grant		WI		MEDICA DIRECTO	L STAFF R PHYSICIAN		C DATE S	1-8
M. E. By	WK.t	MI	)	Willist V	uspe	tve	Md		
230. BURIAL, CREMATION, REMOVE (SPECIFY)	Aug. 2	4,1982	Rose 1	METERY OR CREMATOR Hill Cemete1	ry Hag	cation ity or town gerstown	n, Wash	1., N	Mar y la
24 FUNERAL DIRECTOMINN NAME 415 E. Wilson B						1982	REGISTRAR'S	SIGNATU Cos	IRE WILL

DHMH - 16 50M 1/81 (VRA 15, 4)

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	YPE OR PRINT)				A	[A31		1	OF	ESTI-	MONTH		YEAR 25. H
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	OREIGN COUNTRY)			HAI COUNTRY?		IED   NEV		HED L			_		
0 0	Virgin	OE DEATH	USA	SPITAL, NURSING HO	WIDOW		DIVORO			hing	ton C		OF BUSINES
			(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRES	S)				OST OF WOR		PE OF WORK	OR IN	DUSTRY
ÜSÜ	Hagers	LIE IN NURSING HOME O	R OTHER INSTITUTION O	gton Cour		ospic	,al						
3a.	ryland	Magh	ington	Hagerst	1	13d. INSIDE (IT		13e. STRE	ET ADDRE	SS INT	onaha	77 (	Stree
	ATHER'S NAME		TIIE COII	nagers	OWII	15. MOTHE	NO [	ENI NIA MAE	0	+4 146	ar Sna	TTT S	ort.ee
7. 1	Claude		A.	Hinkle		Marrie M	tle	EN NAME		IDDLE		LAST	plet
60		D EVER IN U.S. ARA		16b SOCIAL SECUR		17. INFORM			608	Dagens	porto		/enue
-	NO NO OR UNKNO	(IF YES, GIVE	WAR OR DATES)	215-18-2				F. ES					ld, N.
-		E DEATH (Eater and		e far (a), (b), and (c).)		OLac	iac .		V CI II	ar o i	Lam		DXIMATE INTERV
	PARTIDE	ATH WAS CAUSED	BY:									BETWEEN	onset and d Sudden
	51	MMEDIAT	E CAUSE (a)	038) Septi	E OF							-	<u>suuueii</u>
	Canditia	ns, if any, which		ung Abcess								N	Months
	cause (a	se ta immediate stating the <u>under-</u>	/ (D)	R AS A CONSEQUENC		-	- 10					1000	
	lying cau	use last.	. ( (0)									100	
	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION	GIVEN IN PA	RT I (a).					
NO		etes											
MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	TION FOR WHICH OP	ERATION W	AS PERFORA	MED?					20 AUT	OPSY?
E												YES.	K NO
CER		L CAUSE WAS	21b. TIME O	FINJURY . A. MONTH DAY YE	21c. H	OW INJURY	OCCURRE	ED LENTERN	ATURE OF INJ	URY IN ITEM 1	B PART 1 OR PA		
S.	UNDERLYING	G OR NG CAUSE OF D			AK								
EDI	21d. INJURY C		21e. PLACE	OF INJURY (AT HOME.		CATION			CITY OR TO		-10		ST
2	WHILE AT WORK	NOT WHILE	]	TORY, FARM, ETC.)		INCE			CITY OR TO	WN	COL	UNTY	31
	22n Loarti	fy that I taak chara	e of the remains de	scribed above, held an	Autop	sy 😧	Inspectio	ın 👿,	Inquiry	V .	and in my ap	inian	
	death result	,	al causes 😾	A 6	Suicide	, Homici			rmined mo		s my up		
	11	1	710	10 Lall		TITLE (SF		00010					
	ACTUAL SIGNATURE,	4/2	20111	eluWhl		D. Dep		MEDI	CALEXAM	INER	DATE	8/10	0/82
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9900	(TYPE OR PRI	NT) Howa	rd N. Wee	eks, M.D.		ADDRESS_5	80 N	orthe	rn A	re, Ha	agerst	cown,	Md.
23a.		TION, REMOVAL 2	3b. DATE	23c. NAME OF C	EMETERY O	R CREMATO	RY	23d. LOC	CATION	0	COUL	NIY J	ATE -
			8_13_82		iven	Cemet	ery	Hage	erst	own	waoh	1 Cand	Bryl
				UNERAL CH	APEL	12	250. CA 18	Sec. D. D.	REGISTRA	ROZSE. REC	SISTRAK'S S	IGNATURE	E
T	POUT Le	nna. Av	e. Hage	rstown, N	lary	and							

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15	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
40.00	1. DECEASED NAME FIRST (TYPE OR PRINT) Helen	Ruth	FIERY	August 22, 1982
	3. SEX female	4. RACE white	January 31,1918	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER T YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
on the Pop	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Marvland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED TENEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH Washington
by the form	10. CITY OR TOWN OF DEATH Hagerstown		WIDOWED   DNORCED   NG HOME OR OTHER INSTITUTION   TADDRESS! Hospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Secretary furn. mfg.
nin 24 haur ly filled in should be t	130. STATE 136. CO	or other institution. Give residence before UNTY 134. CITY OR TOV Shington Hagers	VN \$13d. INSIDE CITY LIMITS?	134. STREET ADDRESS 1741 Edgewood Hills Circle
complete	Claude C.		Anni	MIDDLE
mond condice		GIVE WAR OR DATES)		Hagerstown, Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMONE, MARKTAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours a ratending physician.  Wher this certificate has been signed by the attending physician and campletely filled in the ast the burial-transit permit. Then please remove carbanappers. Pages 1 and 2 should be fill the and Amnol Hygiene prior to burial, cremation, or removal.  The and Amnol Hygiene prior to burial, cremation, ar removal.  The and Amnol Hygiene prior to burial, cremation, ar removal.		DUE TO, OR AS A CONSEQU	ENCE OF	2 years.  AINAL DISEASE OR CONDITION GIVEN IN PART 110
At KECOT	190. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
PHYSICIAN: Thending physicist this certificate the burial-transition of Mentol Hygined or Item 18 sh	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UF EITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOT WHILE		19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE
by the hospital or by the hospital or lERAL DIRECTOR: Are detached for use State Dept. of Heal ANT: If them 21 is man	220. I certify that (1) (this has a saw the deceased alive abave (1) we) (did) (did) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TY)	not view the day after death.  LE Amith,	DEGREE ATTENDING PHYSICIAN [  270. ADDRESS	death occurred on the date and haur and from the causes stated  AREDICAL STAFF DIRECTOR PHYSICIAN   8/24/9 2
O HO Traine O Full AMPOR	Richard E	AL 236 DATE 23c.	NAME OF CEMETERY OR CREMATORY	1.11 Ave, 1tagerstown, mcl 21780
BP DHMH - 16 50M 4/B2 (VRA 15, 4)		Aug.25,1982 INICH FUNERAL Blvd., Hagerstown		Hagerstown, Wash, Maryland  TE REC'D. BY REGISTRAR 256 RIGISTRAR'S SENTIFICIAL AND 27 1982

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FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	A	, 50 , HUDS	TRUTON!		

STATE OF MARYLAND #C18 DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH 2b. HOUR TYPE CHERRYLL 1-SEX & AGE LIN YEARS LAST BIRTHDAY IF LINDER 1 YEAR MONTH DAY Causian. 92 a BURTHIPLACE Th CITIZEN OF WHAT COUNTRY? OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Deme wi DUAL REDIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AND THE STATE 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO 1211 Sch A FATHER'S NAME MIDDLE LAST WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which nassin gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTRIBU CERTIFICAT 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 201 IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NOF YES [ NO I 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M MEDI 21d INJURY OCCURRED 21e. PLACE OF INJURY 21E LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 STREET CITY OR TOWN STATE

WHILE NOT WHILE 220.1 certify that (1) (this hospital) ottended the deceased from. saw the deceased alive on. and that if (my) laur) opinian death accurred on the dote and hour and fram the causes stated abave, (1) (we) (did) (did nat) view the body after death. 72h SIGNATUR DEGREE 71r. DATE SIGNED ATTENDING STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 274. PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS

CEMETERY OR CREMATORY

23d LOCATION

DHMH - 16 50M 1/B1

(VRA 15, 4)

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23m BURIAL

CREMATION, REMOVAL

URIA 24 FUNERAL DIRECTOR

MURA TO SERVICE TO A SERVICE TO AND MERCHANISM STATE OF THE STA March AND SERVICE AND THE WAY TO THE SECTION. 

V			STATE OF MARYLAND
3	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 2 3 5 7
		REGISTRAR	CERTIFICATE OF DEATH  REG. NO.
	1. DE	CEASED NAME FIRST	MIDDLE LAST 20 PATE OF DEATH MONTH DAY YEAR 26. HOUR
ge 3	(,,,	Dopotho	4 L. Getir August 17, 1982 11:00
may b	3 SE		RACE , S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HE
oge 4	F.	emale	white April 7, 1911 71 YRS. MONTHS DAYS HOURS MIT
one one	7a. B	RTHPLACE (STATE OR FOREIGN 7	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
fund thin	10. G	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING-HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OF
by the filed w	4	agers four	Was hungton to Hospital Holder Holder Comestage Industry
24 hour	130	ATRESIDENCE (IF NURSING HOME OF COUNT	OTHER INSTITUTION ONE RESIDENCE BEFORE ADMISSION)  13 JITY OR OWN 13d INSIDE CITY LIMITS? 13 STREET ADDRESS  13 STREET ADDRESS
rithin 2 sho	14. F.	THER'S NAME	51). Clear Official YES NOW RDI- GEATSFring. Ma.
omplet ond 2	-	Samuel M	MIDDLE Stevenson Mary - MIDDLE FOSTER
e execut n and co Pages 1		VAS DECEASED EVERUN U.S. ARM	
be ey		10	219-46-1448 Kermit Drumbaugh Broad Bp City
ysici oper vol.	- 11	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ly one couse per line for (a), (b), and (c).  APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
g ph anp			ECAUSE (0) acuts myocardial infarction 3 days
th ce corb corb		4/00	DUE TO, OR AS A CONSEQUENCE OF
deo otte ove ntion		Conditions, if ony, which	(b)
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ned plec		PART 2. OTHER SIGNIFICANT CO	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
n sig Ther to b	NO	DeabetES	MEULTUS - Cholelethasis
beer mit.	ATI	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED
he lo an. hos t per ene	CERTIFICATION		YES NOT YES NOT YES NOT NOT
ysici cote consi Hygin	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)
SICIAI ng ph certifu uriol-tr (ental I		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE HOUR A.M. MONTH DAY YEAR
HY.	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY 21f LOCATION
OING P after the e as the plth and marked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
ATTENDING spital ar att spital ar att dfor use as the for use as the for use as the att a for use is the att a for use is the att a for use is marke		220.1 certify that (I) (this hospita	tol) ottended the deceased from \$ /15 , 1970 , to \$//7 , 1982, that (I) (we) la
pito CTO for of h		sow the deceased alive on obove, (1) ( a) (did) (did not)	8 - 1 - 3 - 19 and that in (my) (mass applican death occurred on the date and how and from the course stand
DR ho		22b. SIGNATURE	DEGREE 22. DATE SIGNED
14 . 2 . 4		James H	+ Larn burge up attending medical staff Physician Director Physician   8-17-8
O HOSPITAL Inned by the Property of Punch be detected by the Property of Punch be detected by the Punch bear and the Punch bear		22d. PHYSICIAN'S NAME (TYPE OR	1 2/7
01 0 4 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	724 7	JOHN H.	HORNDAKER, M.J. 645 E. First St Hagerstown, M.
BP	1	BUMA PENOVAL	8/30/23 COLD FOLICHS COM BOOM TOO CITY PONDA
DHMH - 16 50M 1/81	26,5	NERAL DIRECTOR	250. DATE RECOL BY REGISTRANT REGISTRANTS SKEWATURE
(VRA 15, 4)	1	navin mil	ler- (Treen castle, 14 AUG 231982 John & Coming
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	1	FOR • STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	YGIENE 8 2	2 2 0	5 8
		REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.	
-		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
d de		Kenneth	n Edward	Gouff	Aug. 31.	1982	10:10A
Luga.	3. SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		
图例)	M	ale:	White	July 26. 1925	57	YRS MONTHS DA	YS HOURS MIN.
-25	To B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
G 6 2		arvland	U.S.A.	WIDOWED DIVORCED		on County	MD
En G	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b KINE	D OF BUSINESS OR
at 19	H	agerstown		ounty Hospital	Sergeant		lice
الم وقع	USU.		ROTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)		1 10	1100
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ine		THER'S NAME		15 MOTHER'S MAIDEN N	IAME	OTOH AVC.	
2 <sup>w</sup> / <sub>0</sub>	.T	ohn San	nuel Gouff	Talla	Irene	Kline	LAST
	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	- 0100 01			
medico	v	YES, NO OR UNKNOWN) (IF YES, GIV	ve war or dates) 215-20	-7953 R. Scott	Gouff 2601	ilver Spr	ing, Mo
emovol.	-		nly ane cause per line for (a), (b), a		GOULT SOOT		OXIMATE INTERVAL EN ONSET AND DEATH
hen please remave cort o burial, cremation, or jury, or other traumotic	N	couse (a), stoting the underlying couse last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEO (c)	death but not related to the ter	rminal disease or con	DITION GIVEN IN PART	Ito
nut. T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINI	DINGSLISED
ws of	IFIC				YES NOT	IN CERTIFYING CAUS	SES OF DEATH?
18 sho	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUI		NO 🗌
Item 18		OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
<b>\$</b> 5	MEDICAL	21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION			
pe	W	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) STREET	CITY OR TO	wn county	STATE
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pt. o	-81	22b SIGN	t) view the body offer death.	A DEGREE	a death decorred on the pr	The Grid floor Grid From F	ne cooses stated
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with the State	_	((ONAN)	MADIL	1 / 204	OOK NIII	MUE.	
	230 B	SURTAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OF TOWN	COUNTY	STATE
	04.7	Burial		est Haven Cemet	ery Hagers	town Wash	
OM 1/81	24 FL	JNERAL DIRECTOR	305 N.	Potomac St. 250. DA	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	ATURE
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Boonsboro, Md. 21713

John H. Bast, Jr.

(VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours attended

retained by the hospital or attending physician.

DHMH - 16 50M 1 (VRA 15, 4)

		CEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HO
		Robert	L	eon		GRIFFITH	August 3, 19	82
	3. SE	Х	4. RACE		5. DATE (	H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
		nale	wh		Apri	1 4, 1926	56 YRS.	
35	N	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	USA	WHAT COUNTRY?	WIDOW		Washington	Y OF DEATH
79		agerstown	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	y Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE  guard	126. KIND OF BUSIN INDUSTRY Pinkerton
35	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 134 COU aryland Wash	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE  13c CITY OR TOW  Fair Pla	E ADMISSION)	13d INSIDE CITY LIMITS? YES NO 🕱	13e. STREET ADDRESS Route 1	
10		Raleigh A.	Griffith	LAST		15. MOTHER'S MAIDEN NA	Mary E. Myers	LAST
	()		RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS	7.1
1		No		220-18-2	010	Mrs. Helen	E. Griffith, Fair	
		Conditions, if only which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, O  (c)	R AS A CONSEQUE	ENCE OF	ancer of the	actorism	BETWEEN ONSET AND
5	CATION	Conditions, if only which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, O  DUE TO, O  DUE TO, O  CONDITIONS CO	R AS A CONSEQUE	ENCE OF		AINAL DISEASE OR CONDITION GIV	/EN IN PART 1(a)
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(M)	3. SE	Male	Caucas	sian	5. DATE OF BIR	Ĩ8,	1888	6. AGE (IN YEARS 94		MONTHS	DAYS	HOURS MIN
		IRTHPLACE (STATE OR FORE) COUNTRY) Maryland	GN 76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED		RRIED -	9 BALTIMORE O	CITY OR COU		EATH	
1 1 09	1	ITY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET	IG HOME OR OTI	HER INSTITU		12a. USUAL OCC	UPATION	ING LIFE) IN	KIND O	F BUSINESS C
1 35	USU.	agerstown ALRESIDENCE (IF NURSING POSTATE 138) Aryland I		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frederic	ADMISSION)	NSIDE CITY	LIMITS?	Retired 13e. STREET ADD 230 Ea.		rick S	Stree	et
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	1	FOR  STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENS 2 2 2	062
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TAL		John	Ellsworth	HARSH	August 24,	1982 20 A
A(A/I)	3	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	MC	UNDER 1 YEAR IF UNDER 24 HRS
學	-	Male	White	June 26, 1913	69 <sub>YRS.</sub>	
电影 影	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	OF DEATH
he full		lary land CITY OR TOWN OF DEATH	USA  11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED	WASHINGTON 120 USUAL OCCUPATION	MD.
by the filed w	16		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
ours in b	Julis	Hagerstown UAL RESIDENCE (IF NURSING HOME OR	Washington Count OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	Sheet Metal Work	Ker. Door
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y be apple	0		lvester Harsh	Hattie	Elizabeth	Rice
d col	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	
n ond c		(YES, NO OR UNKNOWN) (IF YES, GIV	====== 214-09-90	667 Mrs.Edna V.H	larsh (item 13 a	bove)
es that the deoth certificated by the attending phy please remove carbon parriel, cremotion, ar remove, or other troumatic event.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF	by of Unknown Type	APPROXIMATE INTERVAL BETWHEN ONSET AND DEATH  A YR ONL
require en sigr Then or to bu	CERTIFICATION	PART 2 OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	
he fow an. hos ber permit ene pric	1 3	THE DATE OF CREATION	THE CONDITION FOR WHICH	DPERATION WAS PERFORMED	18th AUTOPSY 10th IF YES, IN CERTIFY! YES TO NOT! YES	NERE FINDINGS USED NG CAUSES OF DEATH?
Ctan: The leg physician. g physician. ertificate hos riol-tronsit per ertifi Hygiene		216. ACCIDENT WAS UNDERLYING DEACONTRIBUTING DEACONTRIBUTING DEACONDEACH CALAMINER		Y YEAR 19	RED. ( ENTER HATURE OF HALLET IN ITEM 18, PAR	(3.DK*e81.1)
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otte os th th an	^	AT WORK HOPE AT WORK		0/0 0	cher	
R ATTENDI hospital or RECTOR: A red far use ipt. af Heol		saw the deceased slive en	tal) attended the desposed from 19	and that in (my) (our) opinion	death accurred on the date and hour a	that (t) (we) last and from the causes stated
SPITAL OIL by the NERAL DI be detach be detach e Stote De TANT: If It		22d PHYSICIAN'S NAME (TYPE D	RPRINT)	/W// ATTENDING	MEDIAL STAFF	1/25/ 12
O HOSPIT, etained by TO FUNER, should be dwith the Sto MPORTAN	11	Robert Brull,	M.D.	1704 Oak Hil	11 Ave.Hagerstown,	Maryland 21740
5 £ ₹ ¥ ₹	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
BP	L	Burial	Aug. 26, 1982 Gre	enlawn Memorial Pk	. WilliamsportWas	h in afformatile I an
DHMH - 16 50M 1/81 (VRA 15, 4)		FUNERAL DIRECTOR	P.O.Box	# 348 25a. A	1962 TABLEAR	GNATURE
(410 10, 4)	1	Major M.Osborne	Williams	sport MD 21795		

STATE OF MARYLAND

fault E.A.P. Brill rebelled The individual of the state of

218-09-6435A J. Edwin Henneberger, Hagerstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 MONTHS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (Xr) opinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Aug. 6, 1982 WEST WASHINGTON STREET HAGERSTOWN, MARYLAND 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION burial Aug. 7, 1982 Rose Hill Cemetery Hagerstown, Wash, Maryland 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

REG. NO

IF UNDER I YEAR

INDUSTRY

IF UNDER 24 HR

126. KIND OF BUSINESS OR

organ mfg.

20. DATE OF DEATH MONTH

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

REGISTRAR

DECEASED NAME

AMERICAL AVOIDANT OF SHTHOM O TALBUT The total TEST TO NOTE . SPEAK THE TANK AND THE EET LANGE TORK, MARKET DAME IN CTTIL . M. DAME

	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIEW 2 2 REG. NO.	2064
moy be	1. DE (TYP)	CEASED NAME FIRST	4. RACE	Holland  S. DATE OF BIRTH	20. DATE OF DEATH MONTH  08  6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR  26 S. COD M  IF UNDER 1 YEAR IF UNDER 24 HRS
oth. Poge 4	7a. B	RTHPLACE MAJE OR FOREIGN	7b. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	
by the fun filed within	10. C	TOGETS TOWN	(15 NOTIN SUCH ACILITY, GIVE STR	ord Cto	12a USUAL OCCUPATION (1YPP) WORK FOR MOST OF WOMEN	126. KIND OF BUSINESS OR INDUSTRY Dept. Store
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ond comp oges I on	0	VAS DECEASED VER IN U.S. ARA		CHITYNO. 17 INFORMANT /	E. ADDRESS	Sprecher
that the death certificate be d by the ottending physician lease remove carbonpapers. P iol, cremation, or removal. or other traumatic event, the m		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATED	y one couse per line for (b). D BY: E CAUSE (o)  DUE TO, OR AS A DONSEC  (b)  DUE TO, OR AS A CONSEC  (c)	ondicioned in the state of the	arc'noma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Mortis  Mortis
The low requires thicion.  te has been signed to sist permit. Then plea giene prior to buriol, shows ony injury, or c	CERTIFICATION	PART 2 OTHER SIGNIFICANT C		O DEATH BUT NOT RELATED TO THE TERM THE OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
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OR ATTENDING P Constitution or other DIRECTOR. After the School of Use of Health and Dept. of Health and them 21 is marked		220.1 certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not	8/27 19		death occurred on the date and	
HOSPITAL ined by the FUNERAL vid be detected in the Store		226. PINSICIAN'S NOME ITYPE OF	Deu KIM	ATTENDING PHYSICIAN 222 ADDRESS 22.	MEDICAL STAFF DIRECTOR PHYSICIAN	agerstown
BP S S S	23a E	urial, cremation, removal specify burial		NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	23d LOCATION CITY OF TOWN Hagerstown,	Wash., Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

<sup>74</sup> FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

AUG 3 0 1982

MODELLA STATE OF THE STATE OF T 

Thurmont, Md 21788

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

Funeral Homes, P. A.

STATE OF MARYLAND

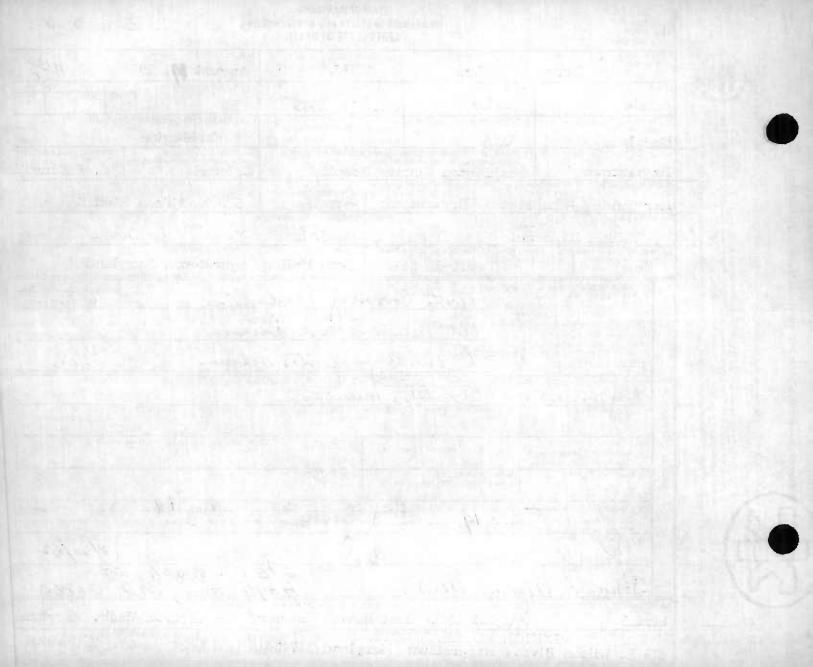
DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

REG. NO.

STATE

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		1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	OME, OR OTHER INSTITUTION	12s. USUAL OCCUPATION (TIPE OF WIDE FOR WEST OF WORKING LIFE)	OR INDUSTRY
	7. 75 October 1981	IH	parestown	111) askington C	Hespital	PAINTER	Callege
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	HOURS M 18. G NG WIT RMIT. P RMIT. P I.NE, DIN		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one cause per line for (a), (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NST	UUD BE EXECUTED WITHIN 24 HOU" "PENDING" IN PENCIL IN ITEM 18 F. MEDICAL EXAMINER ALONG " ED AS A BURIAL "TRANSIT PERMI HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL			ATE CAUSE (o) E 9/0	Drowning	are doutal	Guden
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Į.	HX HONO	7 8	21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2)
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0	E SE	100	CONTRIBUTING CAUSE OF	DEATH 2.30 P.M. ACO 7 19		note while withing	in firer
DIVISION	OEP JEEP TREE	MEDICAL	WHILE S NOT WHILE	STREET, FACTORY FARM FTC )	STREE	CITY OR TOWN	COUNTY STATE
۵	WRI WARI PAGE 2120	1	AT WORK AT WORK	RIVEY	50 UKSTVENTE	· of 340 Bischop	PRESENT RIVER
	INDER: THIS CERTIFICATE SHOULD E FICATE, WRITING THE WORD "PEN E FORWARDED TO THE CHIEF ME TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAL AND, 21201 PRIOR TO BIONALL, CA	1				W V	
	MASS SES	/	220. I certify that I taok charg	ge af the remains described above, held o	n Autopsy , Inspection	A, Inquiry , and in my	apinion
10000	<b>₹</b> EBUE		deoth resulted from: Natu	urol causes . Accident .	Suicide, Homicide,	Undetermined manner,	
	AKEEK A			1111	TITLE (SPECIFY)		
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	TO ME PAGE TO FU AFTER BALTM	-	(TYPE OR PRINT)	WY VICE->	ADDRESS 390 No	WTHEIR AV HAGEVSI	OWH MD
	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT BATTIMORE, MARY (AND, 2)	23a.B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	DUNTY STATE
	BP	10	REMATION	9-8-82 SECUR	Ty PARCESS	Baltonier RA	times Ma
		24 F	UNERAL DIDECTOR	A CA	25a. DATE R	C'D. BY REGISTRAR 756. REGISTRAR	SIGNATURE
	DHMH - 17	0	MAME WYDO	All DODRESS &)	AUG	1 3 1982 REGISTRAR	- council
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IAN	SEX	F		RACE Whi	te	S. DATE O		1908	6 AGE (IN YEARS LA	T BIRTHDAY)		DATS HOUR	DER 24 HR
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by the notified wi	На	y or town of death gerstown		Weste	HOSPITAL, NURSIN HFACILITY, GIVE STREET A	odress) spita			120 USUAL OCCU (TYPE OF WORK FOR MY House	OST OF WORKING	G LIFE) 126 K	IND OF BUS	INESS C
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gned by the attending physics in please remove corbon paper buriol, cremotion, or removol. ry, or other troumotic event, th		PART I. DEATH WAS IM Gonditions, if ony, we gove rise to immediate to immediate to immediate to the property of the property o	hich fiote the lost	CAUSE (o)	R AS A CONSEQUE	NCE OF	Cler NOT RELATED	ALIC OTO THE TERM		tds.		yu yu	
hos been si i permit. The ene prior to ows any inju	§ [	190 DATE OF OPER	per	flynn	TION FOR WHICH				200 AUTOPSY?	20b. IF Y	YES, WERE F	INDINGS U	ATH?
buriol-fr buriol-fr I Mentol I or Item 1	CAL	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 216 INJURY OCCURRED	SE OF DEAT	P.,	M. MONTH DA M.	19	21t HOW IN	ON	RED (ENTER NATURE OF	INJURY IN ITEM 1	18 PART I OR PA		STATE
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DiRE tochec e Dept If Iten		226. SIGNATURE	"I	PF	along r	1		ATTENDING	MEDICAL :	STAFF	220.	DATE SIGNE	0/8

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

S. Broad St. Waynesboro,

236. DATE

8/23/82

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23c NAME OF CEMETERY OR CREMATORY Green Hill Cemetery

Vaynesboro, Franklin 

Dall E La BONE II Joel Still . or not will the etheric grand ferican denterates attor AL SEES . LOS mmerrogali nostakiladi 100 . A Carriero Labour 20092 cli-19-30 les deurs de des de la company de Let accommend the comment of the contraction of the

FOR		STATE OF I	MARYLAND 'H AND MENTAL HYG!	ENE () ()	0 0 7 0
- STATE REGISTRAR		EDICAL EXAMINER'S			2010
1. DECEASED NAM. (TYPE OR PRINT)	William		HUNEV	20 DATE KNOWN A OF ESTI- DEATH MATED	AGNIH DAY YEAR 26. HO
3. SEX M	4. RACE S. DATE OF BIRTH MONTH DAY FEB 18	1906 76 YRS.		PRONOUNCED DEAD	74. 10 1982 27
70. BIRTHPLACE (S FOREIGN COUNTRY) NEW YOR III. CITY OR TOWN	ek U.S.1	4. WIDOV	RIED NEVER MARRIED WED DIVORCED	UASHING,	TON CO. "
HAGERSTO	THE NOT INCIDENCE	OSPITAL, NURSING HOME, OR OT FACILITY, GIVE STREET ADDRESS) O, HOSPITAL	HER INSTITUTION 120	USUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE)	PRINDUSTRY POLITICAL
30. STATE PA	PRANKLIN	13 CHY OR TOWN	YES NO K	3284 PHIA	AVE
BENTA	MIN	KANNER	15. MOTHER'S MAIDEN NA FIRS LEBECCO	4 MIDDLE	FRANSBLOW
(YES, NO DENINKNO	DEVER IN U.S. ARMED FORCES?  OF DEATH (Enter only one couse per line)	147-05-2/28	ROUALD KANNE	A 361 BRIAKLA	U CHANGE A 17301
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	(c)	BUT NOT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART 1 d		
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WHILE AT WORK	NOT WHILE STREET, FA	CTORY, FARM, ETC.)	Jahr Chy	n Pastry	COUNTY
22a I certi deoth result	ify that I took charge of the remains de ted from	escribed obove, beld on Auto		determined monner,	in my opinion
ACTUAL SIGNATURE	- Kill. U	Verles,	M.D. TITLE (SPECIFY)	NEDICAL EXAMINER	DATE SIGNED PRO 10 18
EXAMINER'S (TYPE OR PRII	INT) HIVE EYES	eks	ADDRESS 580 Nor		gerstown hed
230. BURIAL, CREMA		98 NOLLAND	) CEMETEL 236	LOCATION IN OR TOWN LEENS TWP BY REGISTRAN 176. REGIST	FRANKLIN STATEPA
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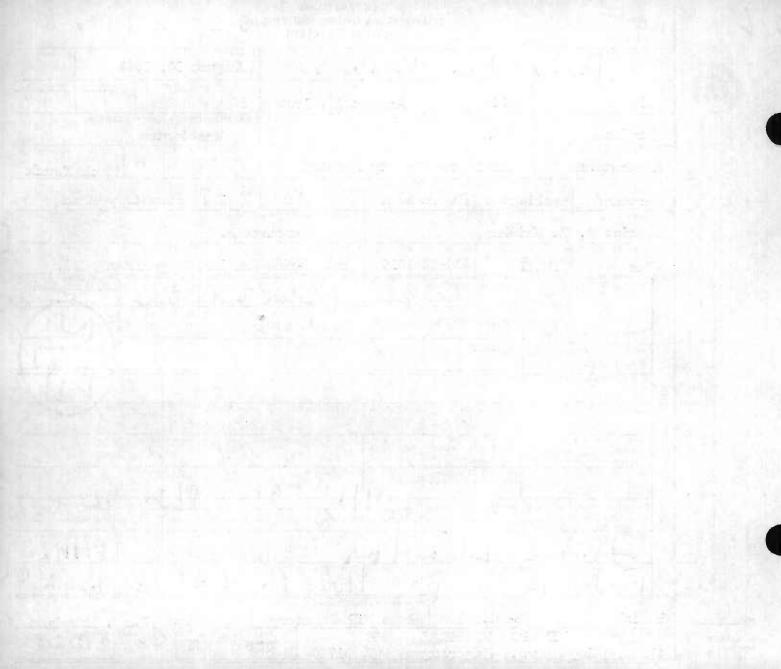
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	te 4 moy	3. SEX male		white		5. DATE O	st 18,	1924	6. AGE (IN YEARS LAST B			F UNDER 24 HRS
0	Cooth. Pog	COUNT	LACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8. MARRIED WIDOWEI	NEVER MA	ARRIED -	9 BALTIMORE CITY Washi	OR COUNTY O	FDEATH	MD
102	by the full filled with	Hag	erstown	Washi	HOSPITAL, NURS the facility, give stre ngton C	ounty	R OTHER INSTIT		120. USUAL OCCUPA (TYPE OF WORK FOR MOST	TION	12b. KIND OF EINDUSTRY  Mack 7	
., BALTIMORE, MARYLAND 2120	in 24 hou y filled in hould be	Mar Mar	yland Wasl	ROTHER INSTITUTION INTY	13c CITY OR TO Hagers	ore admission) iwn town		NO 🏧	13e STREET ADDRESS	reenber	ry Road	d
MARYL	completely 1 and 2 sh		rles B. R. I		LAST				cet L. MIDDLE		LAST	
IIMORE	an and co		DECEASED EVER IN U.S. A. (IF YES, G. W. W.	IVE WAR OR DATES)	219-12-		Mrs. C		Kridler, H			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA	quires that the death certificate signed by the attending physic hen please remove carban pape to burial, cremation, ar remaval. hiptry, or ather traumatic event, the	Coi go coi uno	nditions, if any, which we rise to immediate	ED BY:  NTE CAUSE (0)  DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQ	DUENCE OF	not related t	olun este	- wth	LUS-	5	OF INTERVAL SET AND DEATH
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	O HOSPITAL O etained by the TO FUNERAL DI with the State De MAPORTANT: If I	1	AND THE PROPERTY OF THE PROPER	4 Ca	iss II	/ h	22e ADDRESS	TENDING HYSICIAN [	Mell Rd	AFF ICIAN []	1813 estour	182 shel
	BP	230. BURIA	L, CREMATION, REMOVA		2,1982		ill Cem		23d. LOCATION CITY OR TOWN Hagersto		county	STATE
D	HMH-16 30M 2/80			NICH F			THE COM	25a. DAT	E REC'D. BY REGISTRA	R 25 REGISTRA	R'S SIGNATUR	yland
	(VRA 15, 4)	415	E. Wilson B	lvd., Ha	agerstow	m, Md	21740	S	EP 2 1982	John	- was	The same of the sa



(VRA 15, 4)

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empairing value oreminist . he CONTRACTOR OF STATE 学気でい all-sign to be to the light of the content of the c getal day, recorded to be recessed the second Section of the Large . T. C. Toron M. S. Sino Caronic Save

	STA	TE	OF	MA	RYL	AND
DEPARTMEN'	OF	HE	ALT	H A	ND	MENTAL

HYGIENE

	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	IENES 2	2 ; NO.	20	7 7	
		CEASED NAME E OR PRINT)	eddy		MMN		MANAHAN	August	MONTH	1982	2b. HOUR	M
	3. SE)	х		4 RACE		5. DATE C		6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	ma	ale		white	9		18, 1905	77	YRS.	MOIVING DATS	HOURS MIN.	
5		IRTHPLACE (STATE OR F COUNTRY) arvland	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9. BALTIMORE CITY Washi	OR COUNTY	OF DEATH	M	ND.
0	Ha	agerstown		624 Ar	tietam D	rive	DR OTHER INSTITUTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOS yard cler	TOF WORKING LIF		oad	R
5	13a. S Ma	aryland	136 COUN	other institution. ITY ington	Ist. CITY OR TOW Hagerst	VN	13d. INSIDE CITY LIMITS?		ntietar	n Drive		
E		Edward M	anaha		LAST			arbaugh		LAST		
	[A	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	219-07-2		Florence 1.		Hager	stown,	Md.	
		18 CAUSE OF DEATH PART I. DEATH W		ly one couse per D BY: E CAUSE (o)	line for (0), (b), ar	nd (c).)	treamh	11.3-17.7			MATE INTERVAL DISET AND DEATH	_
		Conditions, if any,		DUE TO, O	R AS A CONSEQU	ENCE OF	Long + Qui	· clu	nie	191	mon	
		gave rise to imm cause (a), stating underlying cause	g the	DUE TO, O	R AS A CONSEQU		re Heurt I	Siena		Y2	-116	
	NO	PART 2. OTHER SIGN	VIFICANT C	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 10	) '	=
7	CERTIFICATION	19a. DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	IGS USED OF DEATH? NO	_
7		21a, ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA			AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P	PART 1 OR PART 2)		_
	MEDICAL	21d. INJURY OCCURR	ILE 🗍	210 PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
		22a.1 certify that (1) saw the decease above, (1) (we) (d			e deceased from	Dn.	nd that in (my) (our) opinion of	, 10	dote and hou		that ( <u>I) (</u> we) la couses stated	st
		22b. SIGNATURE	5	7	2	-n	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN []	22c. DATE :	signed rug 62	
-		22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)	e. m.	. 2	138 E. And	rietum St.	. Hag	no ton	, wid.	
		BURIAL, CREMATION, (SPECUTY) Urial	REMOVAL	Aug. 1	9,1982 R	est H	emetery or crematory aven Cemetery	23d LOCATION CITY OR TOWN Hagerst	own, Wa	sh.,Ma	ryland	Ī
		UNERAL DIRECTOR	MINI		JNERAL		14110	E REC'D. BY REGISTRA		RAR'S SIGNATI	URE	
	1	415 E. Wils	on Bl	vd., Ha	gerstown	n, Md	. 21740 AUG	231982	gan.	I Carrie	ed .	

DHMH - 16 50M 4/82 (VRA 15, 4)

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2 0

1	REGISTRAR				CERTIF	CATE OF DEATH	REG. NO			
		IRST	- /	MIDDLE	L.	ASY	2a. DATE OF DEATH	AONTH DA	Y YEAR	2h HOUR
(1)	John	1	Fran	nklin	Mar	tin	August	16,	1982	M
3. S	EX	4. 1	RACE	100	5. DATE O		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	Male		White		Oct	ober^30,1904	77	YRS.	MIHS DAYS	HOURS MIN.
7o.	BIRTHPLACE (STATE OR FORE COUNTRY) Pennsylvani	a 7b	CITIZEN OF	WHAT COUN	TRY? 8 MARRIED WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OF		F DEATH	MD.
1	CITY OR TOWN OF DEATH	11	(IF NOT IN SUC	H FACILITY, GIVE S		R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		IZE KIND C INDUSTRY Secur	of BUSINESS OR
USI	UAL RESIDENCE (IF NURSING		HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	AND A ROBE CITY III.	La contra annosco			
1		Vashir		Hagers		YES NO X	1916 Virg	inia A	venue	
14 1	FATHER'S NAME FIRST William	MID	DIE		in	Mattie	ME MIDDLE		Price	<b>3</b>
160	WAS DECEASED EVER IN I		D FORCES?	16h SOCIAL	SECURITY NO.	17 INFORMANT	ADDRES	S		
	yes	WW I		209-0	7-6785	Mrs.Frances	R.Martin	(it	em 13	above)
CERTIFICATION	PART 2 OTHER SIGNIFIC	the solution of the control of the c	(c) NDITIONS <u>CC</u>		TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND 200 AUTOPSY?	20b. IF YES.	WERE FINDI	
E E							YES NO	YES		NO 🗆
	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	T 1 OR PART 2)	
MEDICAL	WHILE NOT WHILE AT WORK		21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OF	FICE, FARM ETC )	211. LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
	22a.1 certify that (I) (the sow the deceased a above, (I) (vie) (ald)	olive on		7/18	63 -	16/12-19-68 d that in (my) (ody) opinion	, to			that (I) (we) lost couses stated
	22b. SIGNATURE	J.H.J	torn	Cecher		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	an 📋	22c DATE	
	22d. PHYSICIAN'S NAME	(TYPE OR PR	INT)			22e ADDRESS				
	John H.Hori					645 East Fin		agerst	own,M	D 21740
23a	BURIAL, CREMATION, REA	43	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Burial	A legis	Aug. 19	,1982	Somerset	Mem.Park	Somerset S			nsylvania

DHMH - 16 50M 1/81 (VRA 15, 4)

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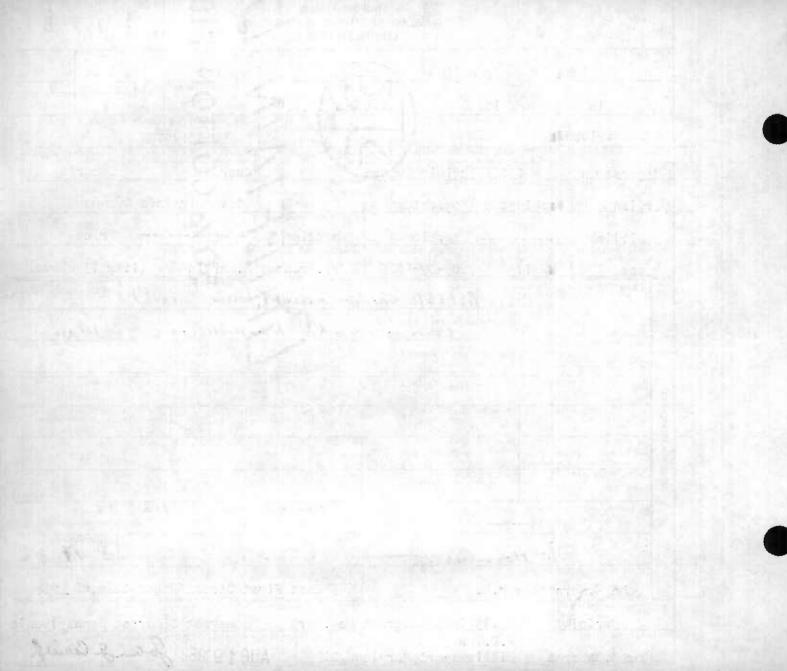
should be detoched for use as with the State Dept. of Health TO FUNERAL DIRECTOR:

MPORTANT: If Hem 21 is

Major M. Osborne

24 FUNERAL DIRECTOR P.O.Box # AD348

Williamsport, Maryland 21795



- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

DECEASED NAME

Washington County 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Own Home Little Orleans, Md. Stottlemyer Mts. Mildred Divico, Cumberland, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death accurred an the date and have and from the cause stated DIRECTOR PHYSICIAN Martins Cemetery Little Orleans Allegany Burial James F. Scarpelli, Cumberland, Md. 25a. DATE REC'D. BY REGISTRAR 25b (6) BRAR S A 1002

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REG. NO

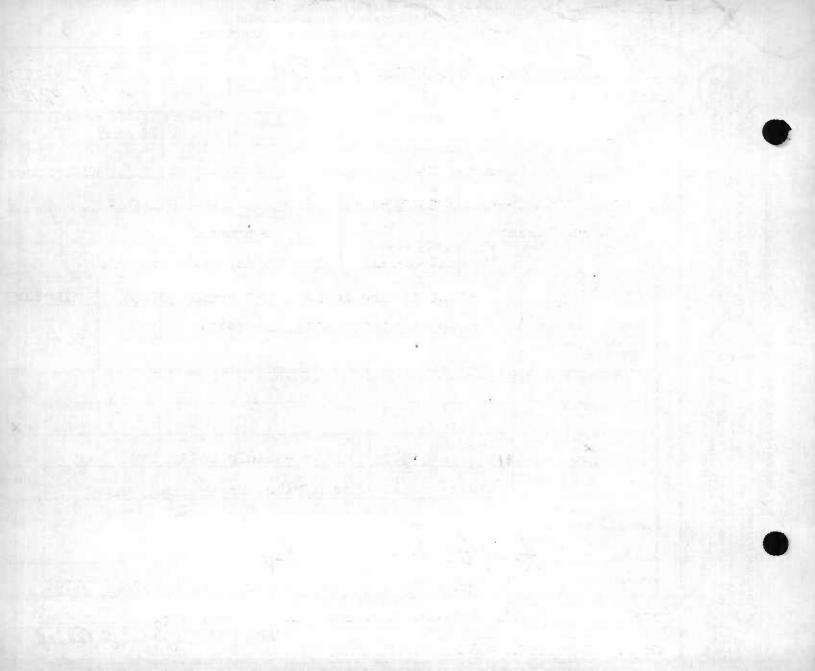
MONTH

2g. DATE OF DEATH

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Leal Andreas Albert	z zanalowalstki przedla	Learn
ganist tests	almin lagra	HETO G
dred Divino, conveniend, la	oraadv	
	74 2 - 18 ADMY IN THE	
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2012 X 2012		13 A
		vs.S

1.0	FOR STATE REGISTRAR ECEASED NAME FIRST	MIDDLE	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	Y YEAR 126 HOUR
	PEORPRINT) Lydi,	A H.	MARTIN	August 27, 1982	2:30
3. SI	emale	white	5 DATE OF BIRTH  MONTH  AUG. 29 1893		UNDER TYEAR IF UNDER 24 I
35 70.1	BIRTHPLACE I STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY O	F DEATH
000	OUGANS ILL	11. NAME OF HOSPITAL, NURS INC.  (IF NOT IN SUCH EASILITY, GIVE TREET A	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPS OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS INDUSTRY
35 13a	JAL REPIDENCE (IF NURSING HOME OR 136 COUN		YES TO NO	13. STREET ADDRESS North	St.
1C	Michael W.	Most in	15. MOTHER'S MAIDEN NA.	e B. B	FORST
166		MED FORCES? LE WAR OR DATES!  220 - Q5-	6644 Lawrence	S. Martin-Mo	augansvilk
	PART I. DEATH WAS CAUSE	TE CAUSE (a)	Pneumoni	a	APPROXIMATE INTERVA BETWEEN ONSET AND DE 1 Week
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUER  (b)  DUE TO, OR AS A CONSEQUER  (c)	organic bra	in syndrome	1 year
N <sub>O</sub>	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH (	PERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, VIN CERTIFYII YES NOT YES	VERE FINDINGS USED NG CAUSES OF DEATH
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR'	T I OR PART 2)
MEDICAL	ZId INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FA	RM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STA
	saw the deceased alive an	tal) attended the deceased fram	2/19/69 . 19	, ta present , 19 death accurred an the date and haur a	, that (1) (we
If Item	17h SIGNATURE	Frences		MEDICAL STAFF    DIRECTOR   PHYSICIAN	8/27/8
	a such		an inneres		
MPORTAN	22d. PHYSICIAN'S NAME ITYPE Charles C.	Spencer, M.D.	1198 Kenly	AVenue Hagerstow	n, Md. 217

MALE WAS A SECOND OF THE SECON Howard to 222 North St. Heavened Theme Michael D. Milleton Flores E. Euser . 10 the two is way Lawson & Martin Howard Edd Brown Product to the chart lan Brode francis la Tu Mountain Frederic Greenwarte, St. John S. J. Ber Brand



	No.	The last					
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DEPARTMENT OF HEALTH AND MENTAL HYGIENES

22083

FOR STATE REGISTRAR		EALTH AND MENTAL HYGIS	REG. NO.	2 2 0 8	3 3
1 DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	AST	2a DATE OF DEATH MOI	NTH DAY YEAR	26 HOUR 9:00
Jedda	K. Ma	us	A110. 74	1982	A M
3 SEX 4. RACE	5 DATE C	OF BIRTH (	6. AGE (IN YEARS LAST BIRTHDA		IF UNDER 24 HRS
Female White		4. 1900	82	YRS	NOONS INN.
76 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN C	E WHAT COUNTRY? 8		BALTIMORE CITY OR C		
Pennsylvania U.S.	A. WIDOWE		Washingto	n County	MD.
10. CITY OR TOWN OF DEATH 11. NAME O	F HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND O	F BUSINESS OR
	ington County		Stitcher	Shoe	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE 138 STATE	ON GIVE RESIDENCE BEFORE ADMISSION)			1 51100	
130 000111	nHagerstown	13d. INSIDE CITY LIMITS?	850 Guilf	ord Ave.	
14 FATHER'S NAME	THICK CID OUWII	15 MOTHER'S MAIDEN NAM		OLG AVE.	
Charles C. Kor	tast an oach ozzon	FIRST CL	MIDDLE	TP I	ſ
160 WAS DECEASED EVER IN U.S. ARMED FORCES	penhaver	Agnes Ca	atherine ADDRESS	Krotzer	
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	074 00 5707	A 7737 77 78			
	1214-09-5107	A Earl E. Ma	aus Same		MATE INTERVAL
18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY:	CONGESTIVE HEA	OT FARLURE		48 HO	MATE INTERVAL DINSET AND DEATH
WILL IMMEDIATE CAUSE (0)				TO HO	UKB
DUE TO,	ARTER I OSCLEROT	IC HEART DISEA	SF	15 v	EARS
gove rise to immediate		TO THE STORY	102		LANG
couse (o), stoting the DUETO, underlying couse lost.	OR AS A CONSEQUENCE OF			The second	
(c)_					
PART 2 OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITH	ON GIVEN IN PART 110	
HYPOCHROMIC ANEMI					
HYPOCHROMIC ANEMI.  19a. DATE OF OPERATION 19b. CON  21a. ACCIDENT WAS UNDERLYING 21b. TIME	DITION FOR WHICH OPERATIO	N WAS PERFORMED		Ib. IF YES, WERE FINDIN CERTIFYING CAUSES	
THE STATE OF THE S			YES NO	YES	NO 🗌
	OF INJURY A.M. MONTH DAY YEAR	111 HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				
	E OF INJURY STREET FACTORY, OFFICE FARM, ETC.)	211 LOCATION	CITY OF TOWN	COUNTY	STATE
WHILE NOT WHILE AT WORK	STREET PACTORY, OFFICE PARM, ETC.)				3.4.0
220 1 certify that (1) (** ** ** **) attended	the deceased from JAN.	2 19 82	10 AUG. 14	19 82	that (I) XX) lost
sow the deceosed alive on AUG • obove, (I) XX (did) (XXX) view the boo	14 19 82 , or	nd that in (my) ( <b>X</b> r) opinion de	oth occurred on the date o	and hour and from the	ouses stated
22b. SIGNATURE		DEGREE		22c. DATE S	SIGNED
Edward iv. D	iffe m M	ATTENDING PHYSICIAN KT	MEDICAL STAFF	Augus	T 16.198

EDWARD W. DITTO, III, M.D. 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS 217 WEST WASHINGTON STREET

HAGERSTOWN, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN

Ch. Enterline Penr Burial 8-18-82 Bowmans Luth. 24 FUNERAL DIRECTOR 305 NoorPotomac St.

DHMH - 16 50M 1/81 (VRA 15, 4)

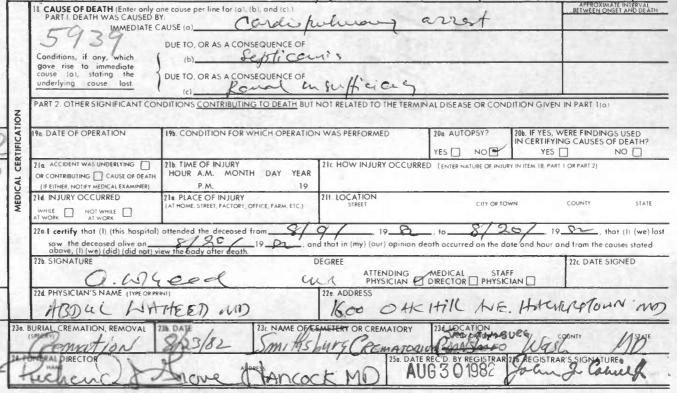
MPORTANT: If he

Minnich Hagerstown, Maryland

Pennsylvania

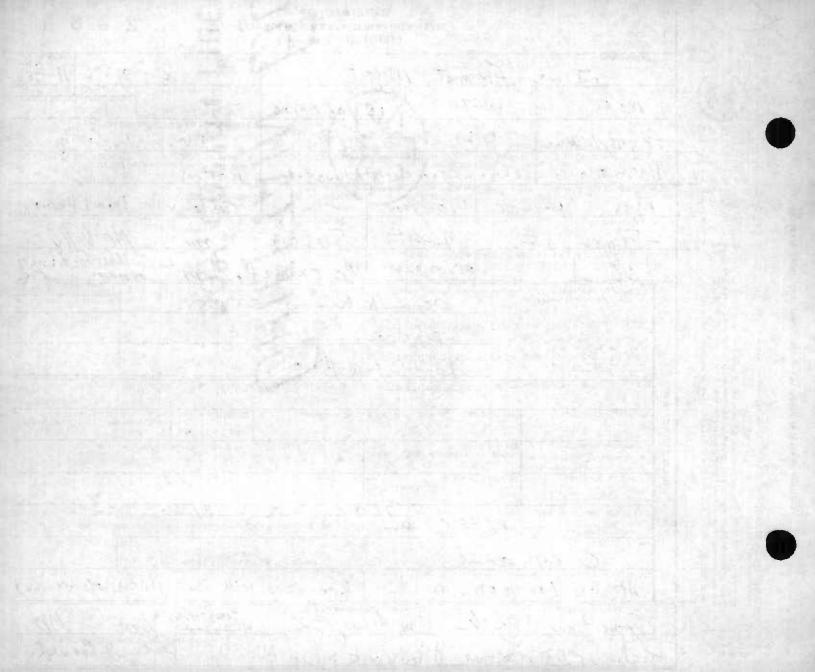
. name of the late of the SHOOM OF TASH SVITESE, OU A TENTO TENT APPENDING CLO ACCUSA S -1 -2004 Stole of TROOPER TARREST AND THE TOTAL TRANSPORT . ... . . . OTTIL . OPAMOTE. HADE STURING ATTENDED

	1-	FOR STATE REGISTRAR			STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIEN 3 2 2 0 8 4  CERTIFICATE OF DEATH  REG. NO.							
		CEASED NAME OR PRINT)	THEST THE	Fre	mont	most Might			20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 2			
	3. SEX	Male		4 RACE		S. DATE C	DE BIRTH 1906	6 AGE (IN YEARS LAST BI	YRS.	MONTHS DAY		-
of once	70. BIRTHPLACE (STATE OR FOREIGN  FOR NUSYLVANIA			U	SA-	MARRIED NEVER MARRIED WIDOWED DIVORCED		P BALTIMORE CITY OR COUNTY OF DEATH Washington County, MD				
ben'ified	HAGERSTOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  LAS HIM GTON GOWN THOSPITAL							126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Refr: - (				
35	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. COUNTY  132. CITY OR TOWN  134. INSIDE CITY LIMITS?  136. STREET ADDRESS  136. STREET ADDRESS  136. STREET ADDRESS  137. COUNTY  138. STREET ADDRESS  138. STREET ADDRESS								Dua	1 Ham	7	
2×11	14. FATHER'S NAME  ADDLE  MIGHT  SUSAN  MIDDLE  MIDDLE									MON	relly	
medical		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		MIS Emma	M. Migh	RESS	Mar	fordsbur Pa	9
burial, cremation, or removol. ry, or other traumotic event, the		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c) Kouran In You free cause (a), stating the underlying couse lost.									OXUMATE INTERVAL IN ONSET AND DEATH	
ws any injury, o	NOIL	PART 2. OTHER SIGN					NOT RELATED TO THE TERM  N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	, WERE FIN	DINGS USED ES OF DEATH?	



DHMH-16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND

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			No. of London		
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		A Miles			

1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE	13 0 0 0 0 1
REGISTRAR CERTIFICATE OF DEATH	REG. NO.
1. DECEASED NAME FIRST MIDDLE LAST TO DATE ( 1/PE OR PRINT) CECIL GRANGE MILLER. JR  20 DATE (	OF DEATH MONTH DAY YEAR 26 HOUR 9
MONTH DAY YEAR	NYEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN  YRS.
70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIM	AShington
10. CITY OR TOWN OF DEATH Hagerstown  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital  128 USUA (TYPE OF WG Chem)	LOCCUPATION ORK FOR MOST OF WORKING LIFE; INDUSTRY DUPONT
	125 Lorraine Terrace
Cecil G. Miller, Sr. Is Mother's Maiden Name First Cecil G. Miller, Sr. Is Mother's Mary B. Van	nce LAST
166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  Yes W.W.II 278-14-2022 Virginia Miller,	Hagerstown, Md.
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	in 1969) 14 Jan-
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEARCH OF THE PROPERTY OF THE PROP	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	NO YES NO NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2)
ATWORK ATWORK	CITY OR TOWN COUNTY STATE
270   certify that (i) (this hospital) attended the deceased from	red on the date and hour and from the causes stated
226. SIGNATURE  DEGREE  ATTENDING MEDICAL PHYSICIAN DIRECTO	L STAFF OR PHYSICIAN   220 DATE SIGNED  8-16-82
22d PHYSICIAN'S NAME [TYPE OR PRINT]  27d ADDRESS GYFE. FIRE  STATE OF THE STATE OF	ST ST-
236 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOC	cation of county gerstown, Wash., Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

415 E. Wilson Blvd., Hagerstown, Md. 21740

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FOR - STATE

Marvland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)  HATCTIN	Luther M.	LLER, Jr.	20 DATE OF DEATH MONTH D	2 1.35A M
3. SEX	White	5. DATE OF BIRTH  MONTH  09 - 05 - 06		FUNDER I YEAR IF UNDER 24 HRS.
Pennsylvania	U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY O	OF DEATH MD.
Hagerstown	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Western Marylan	G HOME OR OTHER INSTITUTION  ADDRESS)  d Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY

Maryland		Hagerstown	13d. INSIDE CITY LIMITS?	P.O. Box	1262
4. FATHER'S NAME	AMP DUT		15 MOTHER'S MAIDEN NA		
Martin	Luther	Miller,Sr	. Ruth	Margaret	Stoler
60 WAS DECEASED EVER		166 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	
Yes	(IF YES, GIVE WAR OR DATES)	188-09-5432	R. Lucill	Box 1262	
PART I. DEATH W	MMEDIATE CAUSE (0)	R AS A CONSEQUENCE OF	onflation		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2-3 g/g Welke.
gove rise to imm couse (a), statin underlying couse	nediate ig the DUE TO, O	R AS A SOM SEQUENCE OF	ultiple	CVAS.	Ken
Z PART 2 OTHER SIGN	AILICAIAL CONDITIONS CO	DINIKIOUTING TO DEATH BUT	11/1/19	TINAL DE ASE OF CONDITION GI	VEN IN PART 110

19s DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSYT 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES IT NO IT THE ACCIDENT WAS UNDERLYING 216 TIME OF INJURY THE HOW INJURY OCCURRED LINISH NATURED VINUES IN THE 18 YEAR I DEPART TO HOUR A.M. MONTH DAY YEAR DR CONTEBUTING CAUSE OF DEATH P.M 10 214 INJURY OCCURRED 21s. PLACE OF INJURY 111 LOCATION CITY OF TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM STC.) STATE

22a.1 certify that 💢 (th	is hospital) attended the decea	sed from	to 8 / / 19 that A (we) last
sow the deceased obove, (1) (10) (did)	olive on O/1/	oth.	th accurred on the date and hour and from the causes stated
22b. SIGNATURE	6	DEGREE	22. DATE SIGNED

milan	47247	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	8/17/82
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	0	22e. ADDRESS	27.01.0

1776.	Mohtar Milani		Western Maryland Center, Hagerstown,	Mc
23a BURIA	AL, CREMATION, REMOVAL	23b. DATE	23t NAME OF CEMETERY OR CREMATORY 23d. LOCATION	

Darrar	0-20	repr	TIGA	
FUNERAL DIRECTOR			100	
ost Haven	Funeral	Change	Tnc	Ţ.

Hagerstown, Rest Haven Cemeterly Wash.,

USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 1136. COUNTY 1.36. CITY OR TOWN

8-20-82

BP.

TO FUNERAL DIRECTOR:

DHMH - 16 50M 1/81 (VRA 15, 4)

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	July 18 12 1					
Eds. 4262	Devie, R.O.	R. DISTAL	2748440	-301		25)
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	102/11/67					
4/2/4						

STATE OF MARYLAND

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					ST	ATE OF N	MARYLAND				
	1	FOR		DI	PARTMENT O	F HEALTH	AND MENTAL	YGIENE )	9 9	0 8 9	1
6	-   '	STATE REGISTRAR		MED	CAL EXAMI	NER'S C	ERTIFICATE C	F DEATH .	REG. NO.		
	1.0	ECEASED NAME	FIRST		MIDDLE		LAST			DAY YEAR	25-110-10
		PE OR PRINT)						OF ES DEATH MA		DAT TEAR	25:195
2 S S E			ERRY		UGENE		LLER	DEATH MA	TED LAUA	4 19 82	PM
AUT OF	3. S	4. RACE	5. DA	TE OF BIRTH	6. AGE (IN		IDER 1 YR. IF UNDER		MONIT	DAY YEAR	8:20
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3,5 = 53	7a.	SIRTHPLACE (STATE OR		ITIZEN OF WHA	T COUNTRY?	10	14.	9. BALTIMORE	CITY OR COUN		1 1/11
NECES S PONE		OREIGN COUNTRY)					ED X NEVER MARR	IED [ ]	_		
#2n3	PE	nnsylvani		U.S.A		WIDOW			ington		MD.
Y IS	79	THE OR TOWN OF DEAT			TAL, NURSING HO		ER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING		12b. KIND OF BUS OR INDUSTR	Y
PA P	/ / F	lagerstown	W	ashing	ton Cour	nty H	ospital	laborer		constru	ction
1. IF ANY DELAY IS 2, AND 3 TO THE 3. RETAIN PAGE 5. SHUED BE FILED 6. SHOULD BE FILED	USI	AL RESIDENCE (IF IN NURS	ING HOME OR OTHER	INSTITUTION, GIVE	RESIDENCE BEFORE ADMI	SSION)		1			
21201 F ANY 2, AND 3. RETA SHOULE	150		Washin:		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	25 Take	aida D		
2, F	Vic.	ryland TATHER'S NAME	Washin	g ron	nagersu	JWI1	15. MOTHER'S MAID		side D	LTA6.	
MD.	2.1	FIRST	MIDD		LAST		FIRST	MIDDLE		LAST	
	411	John	H		Muller		Shirl			Weaver	iy .
BALTIMORE, GINE PAGES OINT FORM PAGES I AN	160.	WAS DECEASED EVER IN YES, NO, OR UNKNOWN) (	U.S. ARMED FO	DRCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT	25 La	Reside	Drive	
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URS AF WITH WITH DIVISIO	1	18 CAUSE OF DEATH		cours per line fo		777	1 4447 1704	101 1105010	OOWII		INTERVAL
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AL SANS	ò	Canditions, if an		(b)							
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L RECORDS, 301 W. PRESTON ST., BALTIMC ULD BE EXECUTED WITHIN 24 HOURS AFTER "PENDING" IN PENCIL IN ITEM 18. GIVE PA IFF MEDICAL EXAMINER ALONG WITH FOR SED AS A BURIAL-TRANSIT PERMIT. PAGES 1 HEATH AND MENTAL HYGIENE, DINISION	z`	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIB	(C)	NOT BELATED TO THE TE	BAHANAN BAKKAKE	. 00 .000000000000000000000000000000000			1	
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ITAL REC SHOULD ORD "PER CHIEF A E USED.	5 7 5	19a. DATE OF OPERAT	ION	196. CONDITIO	ON FOR WHICH OP	ERATION W	AS PERFORMED?			20. AUTOPSY?	
F VITAL F SHOU WORD " WORD " TE CHIE S BE USE	₹ E									YES 🗆	NO
ATE WC	S. S.	210. EXTERNAL CAUSE		216. TIME OF I			OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN	TITEM 18 PART 1 OR PA	ART 2)	
ON O IFFICA TO THE HOUL	2 7 4	UNDERLYING OF	NISE OF DEATH	1	MONTH DAY YE	AR					
VISION CERTIFING T ED TO 3 SHO DEPAR	PRIOR TO	21d. INJURY OCCURRE		P.M.	INJURY (AT HOME.	21f LO	CATION				
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A A S A S I I	201	AT WORK AT WO	RK -								
DIVISI NER. THIS CERT COTE, WRITING FORWARDED OR: PAGE 3 SH THE STATE DEPA	213	22a. I certify that I to	ack charge of the	e remains descri	hed above held an	Autops	sy , Inspectio	n . Inquiry	, and in my or	ninian	
EXAMINER: CERTIFICATE, ULD BE FOR WITH THE S	Q					TVI				pinion	
AMIN STIFIC BE ECT	7	death resulted fram:	Natural caus	ses L., A	ccident	Suicide 🔼	, Hamicide/	Undetermined manner	· L		
× EGEN	AR	ACTUAL A	acres a	03.	en Or		TITLE (SPECIFY)		DATE	A P	1000
A H C H C H	≥	SIGNATURE	arried.	K Mai	for	M	Deputy	MEDICAL EXAMINE	R SIGNE	Aug 5,	1982
DIO TE 1 NER DEA	80	EVAMABLED'S NIAME									
MEDI CUTE CUTE FUNE ER DE	No.	(TYPE OR PRINT)	tarold R	. Trite	h. AR. MI	)	ADDRESS 138 E	. Antietam S	St. Hag	erstown.	MD
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST	₹ 23a.	BURIAL, CREMATION REA			23c, NAME OF C			23d. LOCATION			
		(SPECIFY)	9.0	7/90	0.00				COU	312	_
BP	- Description	remation	10/	100	BIIILUIS	nurg	Cremator	PEC'D BY PEGISTRADIA	burg W	SIGNATION TO	id.
DHMH - 17 (VR A15 ME (5	1 200	June / 1	10	Apopes	11	m	ALIG	REC'D. BX PEGISTRAR	- Cura	Chaparada	
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STATE OF MARYLAND			١
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2	2	
CERTIFICATE OF DEATH	E-4		

1.	FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL	L HYGIE	8 2 2 REG. NO.	2	0 9	•	
	CEASED NAME	FIRST		MIDDLE	ī	AST	1	O. DATE OF DEATH MONTH	DAY	YEAR	2b. HOUR	R
(TYPE	E OR PRINT)	Vera	F	Ruth	V	MYERS		August 28,	1982			м
3. SE	X		4, RACE		5. DATE C			, AGE (IN YEARS LAST BIRTHDAY)	IF (	INDER I YEAR	IF UNDER 2	24 HRS
fe	male		whi	te	Marc			83 y	RS.	DATA	HOURS	WILM.
	IRTHPLACE (STATE	ORFOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		_ 0	BALTIMORE CITY OR COL		DEATH		
Vi	rginia		USA		WIDOWE			Washir	igtor	n		MD.
1	ITY OR TOWN OF		( IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ING LIFE)	12b. KIND C	F BUSINE	SS OR
	agerstow			gton Cou		Hospital						
13a. S	ryland	13b. COU	nington	13c. CITY OR TOW Hagerst	/N	13d. INSIDE CITY LIMIT	TS? 1:	3e. STREET ADDRESS 10 Fourt	h St	reet		
	ATHER'S NAME FIRST		MIDDLE Crabill	LAST		15 MOTHER'S MAIDER			. 7	LAS	ST .	
Ióa V	VAS DECEASED EV			166 SOCIAL SECT	IRITY NO.	17 INFORMANT	Id. I	ADDRESS		-		
(	YES, NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	219-44-3	046	Mr. Will:	iam	Myers, Hager	rstov			
MEDICAL CERTIFICATION	Conditions, if (gove rise to couse (o), st underlying country)  PART 2 OTHER S  19a. DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)  21d. IN JURY OCC WHILE NOTIFY (A)  22a.1 certify that	MWAS CAUSE IMMEDIA  Dony, which immediate oting the nuse lost.  SIGNIFICANT  CAUSE OF DE- MEDICAL EXAMINET  UNDERLYING  CAUSE OF DE- MEDICAL EXAMINET  UNDERLYING  (UI) (this hosp- eosph olive one) (did) thin nosph eosph olive one) (did) thin nosph	D BY: TE CAUSE (0)  DUE TO, O  (c)  CONDITIONS CO  19b. COND  ATH  P.  21b. TIME O  HOUR A  P.  21e. PLACE  (AT HOME, STE	ITION FOR WHICH  IF INJURY M. MONTH D.  M. OF INJURY  OF INJURY  DEEL FACTORY, OFFICE, F	ENCE OF  ENCE OF  ENCE OF  ENCE OF  OPERATIO  AY YEAR  19  ARM EIC)	21c. HOW INJURY OF	CCURRED DINION DE	20a AUTOPSY?   20b. 1	IF YES, WEERTIFYIN YES [	yer FINDING CAUSES	NGS USED OF DEATI NO	TATE  we) last
23a. 6	BURIAL, CREMATIC (SPECIEY) Pial	ON, REMOVAL	Aug. 3			EMETERY OR CREMATO		123d. LOCATION Hagerstow	n,W	ash.,	Mary.	ľänd

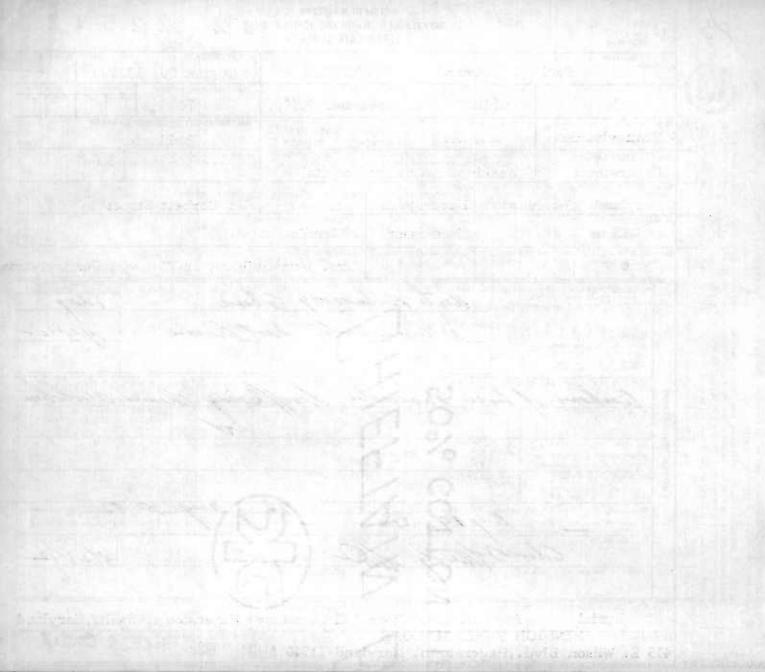
DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

SEP 2 1982

/	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
35		CEASED NAME FIRST Paul	Edward	NEWCOMER	August 20, 1982
M	3. SE	male	4. RACE white	S. DATE OF BIRTH November 9, 1907	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER TOTAL MOUNTS AND THE TOTAL MOUNTS AND
un 72 low at and		RTHPLACE (STATE OR FOREIGN ennsylvania	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED NOVEL DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Washington
by the tu	F	TY OR TOWN OF DEATH	Washington Co	ounty Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  12b. KIND OF BUSINE INDUSTRY
filled in could be	13a.	faryland Wash	nington Hagerst	OWN YES NO [	130. STREET ADDRESS 805 Corbett Street
Completely I and 2 sh	14. 5	William	Newcor.	ner Jennie	ME MIDDLE LAST
Pages 1	160 \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		uigley, Mifflintown, Pennsy
has been sig permit. Then the prior to b	CERTIFICATION	190. DATE OF OPERATION	of fiver Par	OPERATION WAS PERFORMED	200 ANOPSY?  YES NOT
dentificate herial-transition of the second state of the second s		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
S A S	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211. LOCATION STREET	CITY OR TO WN COUNTY
frer frer br t br t br t			tall attached the decorated from	19 78	, ta aug 20, 1982 , that (1) (
the hospital or affer the LDIRECTOR: After the reched for use as the te Dept. of Health ond it if them 21 is marked		22e.1 certify that (1) (this hasp saw the deceased alive an above, (1) (we) (did no 22b. SIGNATURE	at) view the body after dath.	DEGREE	death accurred on the date and haur and fram the causes sto
		saw the deceased alive an abave, (1) (we) (did) (did no	nt) view the body after dath.	DEGREE	death occurred on the date and haur and fram the causes sto



FOR STATE REGISTRAR			DEPARTM	AENT OF H	E OF MARYLA EALTH AND N ICATE OF D	SENTAL HYG	10.4	2 2	0 9	3
1. DECEASED NAME	FIRST		AIDDLE	MI TO S	AST		20. DATE OF DEATH		AY YEAR	2b HOUR
Hallie	-	Jane	X DA	NOF	PRIS		1000	8/2	8/82	1:35 %
3. SEX		4 RACE	rite	5. DATE O	DI DIICITT	YEAR 94	6. AGE (IN YEARS LAS	_	FUNDER I YEAR	IF UNDER 24 HRS
76. BIRTHPLACE (STATE OR Penna.	76 CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOW		D NEVER MARRIED		BALTIMORE CITY OR COUNTY OF DEATH Washington			MD.		
Hagerstown	(IF NOT IN SUC	OSPITAL, NURSIN HFACILITY, GIVE STREET A Manor Nu	ADDRESS)		TUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO Homemake:	ST OF WORKING LIFE		BUSINESS OR	
SUAL RESIDENCE (# NUR 130. STATE Maryland	136 COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Hancock	N	134 INSIDECI	TY LIMITS?	13e. STREET ADDRES	SS		
George		E. (	Corbett		15. MOTHER'S	MAIDEN NA/	ME MIDDLE		Corbet	t
160 WAS DECEASED EVER (YES NO OR UNKNOWN)  NO		RMED FORCES? VE WAR OR DATES)	212 10 8		George		erett Sr.	Baltomo	re, Mar	yland
18 CAUSE OF DEAT PART I. DEATH V  Gonditions, if ony gave rise to im couse (o), static underlying couse  PART 2 OTHER SIG	/AS CAUSI IMMEDIA , which mediote ag the e lost.	DUE TO, OF	R AS A CONSEQUE	Ear NO OF A	cite consery	He	STUD HE SAID DESC INAL DISEASE OR CI	460	YAS	AL INTERVAL AST AND DEATH  AST
Z		CO. 101110140 <u>CC</u>		DOI	NOT KELATED	O THE TERM	MINAL DISEASE OR C	ON DIN ON B	WINEWEL HO.	

cause under PART 2 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

CITY OR TOWN COUNTY

and that in (my) (aur) apinian death occurred on the date and hour and fram the causes stated

NOP

STATE

NO [

IN CERTIFYING CAUSES OF DEATH?

YES T

obave, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE

220.1 certify that (1) (this haspital) attended the deceased from

ATTENDING MEDICAL STAFF
DIRECTOR | PHYSICIAN PHYSICIAN [ 22e ADDRESS

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

saw the deceased alive an\_

NOT WHILE AI WORK

73s BURIAL CREMATION REMOVAL TA DATE 23c. NAME OF CEMETERY OR CREMATORY

DEGREE

Burial

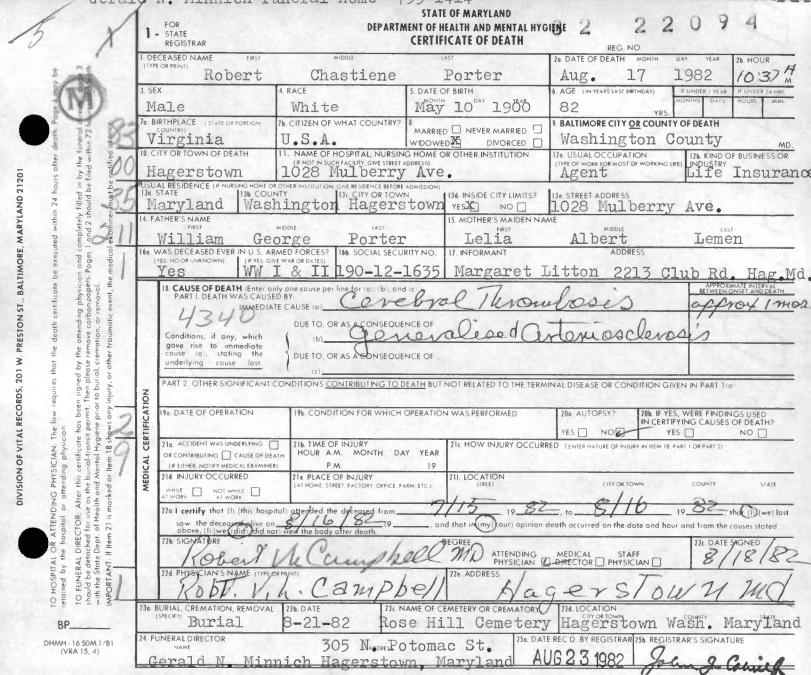
MEDICAL

8-30-82

Piney Plains Methodist Littlt Orleans Allegany Md.

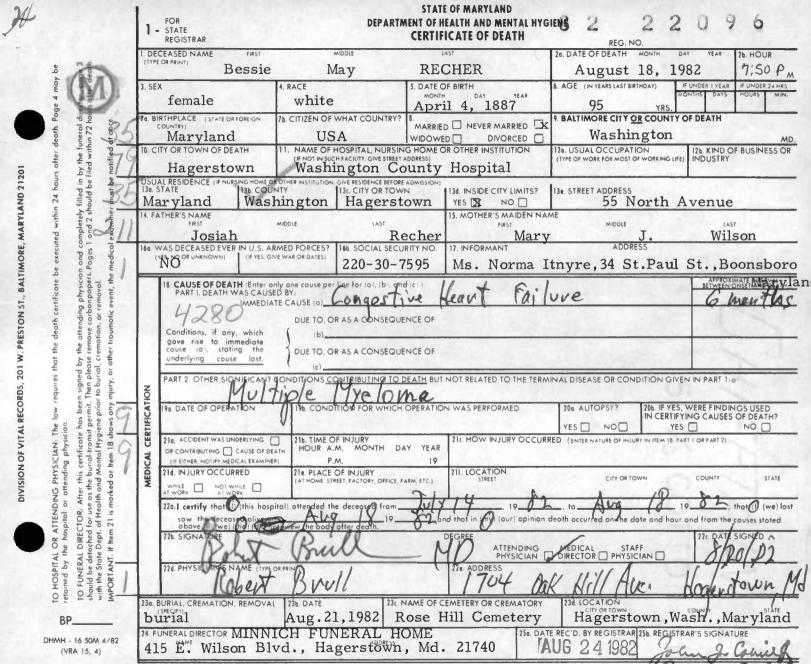
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RA BTO D N E T same as 13e OTIA CREMATION 8/16/1982 CREEN MOUNT WESOSDYN DDK D. 12



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bi disease			and the same			

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in signed by the attending physician and campletely filled in by the funeral director. Then please remave carbanpapers. Pages I and 2 shauld be filled within 72 haurs aft

injury, or other traumatic ev

should be detached for use as the burial-transit permit. Then p with the State Dept, of Health and Mental Hygiene prior ta bur TO FUNERAL DIRECTOR: After this certificate has bee

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND

1.	STATE REGISTRAR			DEPARTM		ICATE OF DEATH	GIENGE	REG. N	tion to	_ 0		
	CEASED NAME ORPRINTI	Mary		cille		cher	Aug	of DEATH	9, 1	DAY YEAR	7:30	
3. SE	x	4.	RACE		5. DATE (		6. AGE (1	N YEARS LAST BIR	THDAY)	MONTHS DAY		R 24 HRS
	Female		White		May	18, 1903		79	YRS		HOURS	MIN.
	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIA	AORE CITY C	R COUN	TY OF DEATH		-04
	Maryland		U.S.A	-	WIDOW	DIVORCED	Was	hington	n Cou	inty		MD.
10 C	Boonsboro		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A Keedy Me	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF W	OCCUPAT ORK FOR MOST OF SEWIFE			OF BUSIN	ESS OR
13a. S	AL RESIDENCE (IF NURS STATE STATE	ING HOME OF OT	HER INSTITUTION,		ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STRE	ET ADDRESS	h Pot	omac St	reet	
14 FA	ATHER'S NAME	MID	DIF	LAST		15 MOTHER'S MAIDEN NA	AME	MIDDLE			AST	
	John		niel	Keller		Mary		Belle		Hyat		
	VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W.	AR OR DATES)	166 SOCIAL SECUI 213-48-37		John P. Rech	-	09 Char			1093	
	Conditions, if any, gave rise to imm cause (a), statin underlying cause	nediate g the	(b) A	R AS A CONSEQUE RTER I OSCL R AS A CONSEQUE	EROT	IC CARDIOVASC	ULAR	DISEAS	Ē	15 -	- 20 \	YRS.
NO	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISE	ASE OR CON	DITION	GIVEN IN PART	(0)	
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AL	TOPSY?	IN CER	YES, WERE FIND TIFYING CAUSI YES		TH?
	210 ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC.	AUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RRED (ENTER	NATURE OF INJU	RY IN ITEM 1	8, PART 1 OR PART 2		
MEDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE C	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET		CITY OR TO	WN	COUNTY	5	STATE .
	220.1 certify that (1) saw the decease above, (1) (16)	ed alive on	AUGUST	2/ 19	0010	BER 5 19 79 aprinian	, 10	rred on the d	27 ate and h	02 aur and from th	, that (1) (	
	22b. SIGNATURE	0/1	9:	Hon	2	DEGREE ATTENDING PHYSICIAN	MEDICA DIRECTO	AL STA			. 30,	
	274 PHYSICIAN'S NA			6-7	1	22e ADDRESS 217	WEST	WASHIN	GTON	STREET	Silv	
	EDWARD W.	DITTO	0, 111.	M.D.		HAGE	PSTOW	N. MAR	VI. ANI	D		

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

23d. LOCATION

250. DA REA

STATE

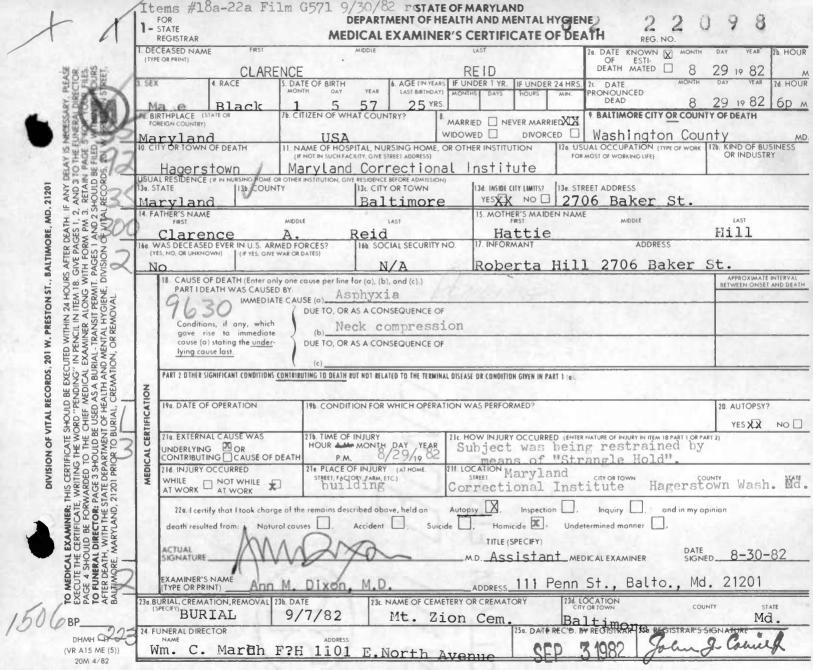
Hagerstown Washington.

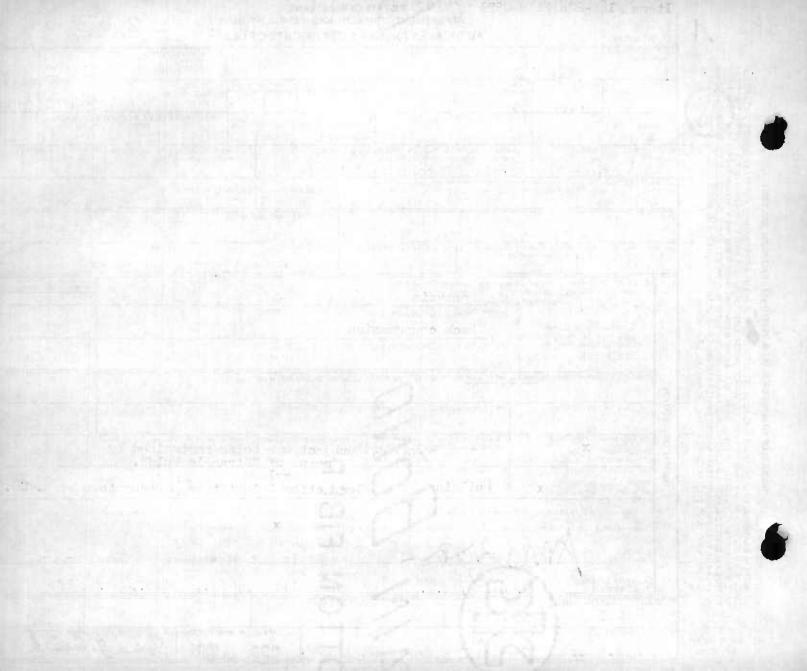
A. K. Coffman Funeral Home, Inc., Hagerstown, Md.

23b. DATE

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1 ~ 20 viii		OUAVOIOPAD DIT	7 - 1 - 1 - 1 - 1 - 1 - 1	, XXIX	XN ARE A
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Aug. 30, 1	Taysu	NIAVETORAS OIT	7 - 1 - 1 - 1 - 1 - 1 - 1	Y JUL	New York





The comment of the co all all pass former Called

	FOR		DMY I	DEPARTMI		OF MARYLA		VCIENE				
1-	STATE REGISTRAR					S'S CERTIF			REG. NO.	2	0 0	
	CEASED NAM	AE FIRST		WIDDLE		LAST		2a. DATE		MONTH DAY YE	AR 2b. HOUR	
		Gerald						DEATH	DEATH MATED August 8182			
D. SE		4. RACE	5 DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS	MIN PRONOU	NCED	MONIH DAY Y	EAR 2d. HOUF	
RIRTHPLACE (STATEOR 776 CITYZEN OF WHAT COLINTRY)								8 183				
Pennsylvania  U.S.A.  WiDOWED D MORCED X Washing tor  WIO. CITY OR TOWN OF DEATH  near Williamsport died in the Petomac River  MARRIED NEVER MARRIED Washing to Washing tor  Washing tor  Washing tor  Washing tor  Washing tor  OF MORCED X Washing tor  Washing tor  Washing tor  OF MORCED X Washing tor  Washing tor  OF MORCED X WASHING WASH								ashingt	on	MC		
								OR IND	FBUSINESS USTRY efense			
13a. S	STATE	nia Cumbe	Υ	ore admission) R TOWN ensbur	13d. INSIDE CITY LIMITS? 13e. STR			STREET ADDRESS 5 N. Farl Street				
	ATHER'S NAM	E	MIDDLE	LAST			15. MOTHER'S MAIDEN NAME			LAST		
16-		amin ED EVER IN U.S. ARA	E.	Rhine		0 17 1000	Ruth	E		Weaver		
0	VAS DECEASI (ES, NO, OR UNKN	OWN) (IF YES, GIVE V	ED FORCES? AR OR DATES  168-24-2850  17 INFORMANT  ADDRESS  Benjamin E. Rhine, R.D.6					Shippensburg, Pa				
>	18. CAUSE	OF DEATH (Enter onli	BY:			11/2				APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH	
	8329 IMMEDIATE CAUSE (a) (E-832) Fall from boat and drowned									suc	lden	
	gave couse (c lying co	ons, if ony, which rise to immediate o) stating the under- use lost.	(c)	AS A CONSE								
No	PART 2 OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO GEATH	BUT NOT RELATED	TO THE TERMINAL	OISEASE OR CONOIT	ION GIVEN IN PA	tΤ 1-(α).				
CERTIFICATION	19a. DATE O	F OPERATION	19b. CONDI	TION FOR WH	IICH OPERATI	ON WAS PERFO	ORMED?			20. AUTO	PSY?	
FE										YES 🕽	NO [	
		AL CAUSE WAS G XOR ING CAUSE OF D	21b. TIME OF HOUR A.M	N. MONTH D	AY YEAR			D (ENTER NATURE OF IN		RT 1 OR PART 2)		
MEDICAL	21d. INJURY		21e. PLACE (	-Aug. (	182 AT HOME,	Victim	fell	out of bo	pat			
W	WHILE AT WORK	NOT WHILE		TORY, FARM, ETC.)		STREET	D.	CITY OR TO		COUNTY	STATE	
			POTOM	ac Rive		Potomac				sport Was	h. Md.	
	22a. I certify that I took charge of the remains described above, held on Autopsy X., Inspection X., Inquiry X., and in my opinion death resulted from: Natural Journal of Academy X., Suicide X., Homicide X., Undetermined monner X.,									ii my opinion		
7 8		11	100	1. 1	1.11		(SPECIFY)					
	22000	/ ///		Carl Carle Call								
	ACTUAL SIGNATURE	- 06	-of 41	emp	Mul	M.DDe	puty	MEDICAL EXA	MINER	SIGNED 8/9/8	2	
	SIGNATURE	NAME HOWARD	N. Week	s, M.D.	MIN		580_No	MEDICALEXA		Md.	32	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Clara Ridenour Norris August 30. 1982 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY IF UNDER LYEAR IF LINDER 24 HRS MONTH White Female Sept. 15, 1919 76. CITIZEN OF WHAT COUNTRY O BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington County Hagerstown, Md DIVORCED [ 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Hagerstown 2305 Dixie Drive 13e STREET ADDRESS 2305 Dixie Drive Washington Hagerstown 13d. INSIDE CITY LIMITS? 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Allen Elizabeth Rosario Germania 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** Karen Budney same as 13a-e. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 21 8 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. CITY OR TOWN COUNTY NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an .. and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL. STAFF PHYSICIAN DIRECTOR | PHYSICIAN MPORTANT 22e ADDRES 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery Hagerstewn Wash 24 FUNERAL DIRECTOR REST HAVEN FUNERAL CHAPEL 1601 Pennsylvania Ave. Hägerstown, MD

DHMH - 16 50M 1/81 (VRA 15, 4)

Mach .05 carpus Translat Translate 50, 1562 decision decision decision decision de la decision No ---- 204-07-9475 Keren Budney Sense as 130-61 The first think the second of The state of the s Service Action of the Constant 1601 Pendaylyania ave. Hagerstown, Mi

ust be notified of once

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the

		FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO. 2 2	102	
		OR PRINT)	ARL	Sam	nuel	Ri	TCHIE	20. DATE OF DEATH MONTH DA	7-82 9:10 A	
	3. SEX male			4. RACE Whi	te	February 2, 1922			UNDER I YEAR IF UNDER 24 HRS NIMS DAYS HOURS MIN.	
3	1	RTHPLACE ISTATEORS OUNTRY) Maryland		U.S		WIDOW		BALTIMORE CITY <u>OR</u> COUNTY O     Washin gto		
9	Hagerstown			11. NAME OF HOSPITAL, NURSING HOME CONTROL SUPPORT OF THE COUNTY  ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY guard		
5	Ma Ma	ryland		nington	Hagersto		13d. INSIDE CITY LIMITS? YES NO 🌁	13e. STREET ADDRESS 1624 Sherman Av	venue	
C		Raliegh		MIDDLE	Ritchie		Ethel		roawderman	
	16a. WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) YES (IFYES, GIVE WAR			WAR OR DATES)	218-16-		Mrs. Frances	s M. Ritchie, Hage	erstown, Md.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	Z	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	MMEDIA' which nediote g the lost.	DUE TO, OI  DUE TO, OI  DUE TO, OI  DUE TO, OI  (c)	R AS A CONSEQUE	NCE OF		Heart Dislage  INAL DISEASE OR CONDITION GIVEN	10 gr	
9	CERTIFICATION	19a. DATE OF OPERATION 19b. CON			CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?	
7	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIX 21d. INJURY OCCURE WHILE NOT WHAT WORK NOT WAS	CALEXAMINER	HOUR A.	M. MONTH DA M.	19	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR CITY OR TOWN	COUNTY STATE	
		220.1 certify the (1) this hospital) attended the deceased from 7007, 19 77, 10 4000 24, 19 sow the deceased always are deceased of the deceas							that from the causes stated  22c. DATE SIGNED.  8/8/82	
1		22d PHYSICIAN'S NA	AME (TYPE C	L. Ca	mpbe	211	120 ADDRESS Hager	STOWN M	1	
		urial, cremation, specify) burial	REMOVAL				emetery or crematory  oro Cemetery	Boonsboro, Was	h., Maryland	

burial Aug. 10,1982 Boonsboro Cemetery

14. FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

& AGE LIN YEARS LAST BIRTHDAY

REG. NO

August 7.1982

2b. HOUR

COUNTRY

AMF  ${ t ROBERT}$ 

O. BIRTHPLACE (STATE OR FOREIGN

 ${ t Hagerstown.Md.}$ 

10. CITY OR TOWN OF DEATH

Male

James

YES NO OR UNKNOWN)

LEO RODGERS 4. RACE

White

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

5 DATE OF BIRTH MONTH april

1924

BALTIMORE CITY OR COUNTY OF DEATH Washington County

Pilot

13e. STREET ADDRESS

IF UNDER I YEAR

INDUSTRY Aircraft

Rt. #6, Box 193 R Hagerstown 13d. INSIDE CITY LIMITS? Washington Hagerstown

Md. 14 FATHER'S NAME FIRST

Albert

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line far, (a), (b), and

Rodgers 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

219-14-8402

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

15 MOTHER'S MAIDEN NAME Alice Susan "Kauffman"

Rt. #6.Box 193 R

Barbara Hamby(Daug.) 21229 3805 Coolidge Ave., Baltimore, Md

PART I. DE ATH WAS CAUSE	D BY
2600 MEDIAT	ECA
Canditians, if any, which gave rise to immediate	1
cause (a), stating the underlying cause last	1

zness,

LAST

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CERTIFICATION

190 DATE OF OPERATION

22a.1 certify that (1) (this haspital) attended, the deceased from

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

716 ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

P.M 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

HOUR A.M. MONTH DAY YEAR

COUNTY

and that in (my) (oor) apinion death accurred an the date and have and from the causes stated

NOF

211 LOCATION STREET CITY OR TOWN

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

20e AUTOPSY?

saw the deceased alive an abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNAT

224. PHYSICIAN'S NAME (TYPE OF PRINT)

ATTENDING 22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

23a BURIAL CREMATION, REMOVAL (SPECIFY) Cremation

23b. DATE

21b. TIME OF INJURY

23

23c NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION

DHMH - 16 50M 1/81 (VRA 15. 4)

8

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MPORTANT

the

1601 Penna. Ave. Hagerstown Rest Haven Funeral Chapel, Inc.

Smithburg Crematory Smithburg Wash

SECTION TO THE PROPERTY OF THE PROPERTY 7, 1982 Mag 188 . Talle size sale degeteromants. U.S.A. tageratorm Ro. 4, Box 190 k ABSTRACT THE THE SECTION (DAMES HEAD) (DAME.)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	2	1	0
REG. NO	).			
OF DEATH	MONTH	DAY	YEAR	2b. HOL
1 10	10	103		

	REGISTRAR		104.11		CERTIF	ICATE OF DEATH	REG. NO	).		
	00.00	chard		artle	S	EMLER	August 10		YEAR	2b. HOUR
3. SE	male		nite		5. DATE O	h 21, 1905	6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE ISTATE OR FOR COUNTRY!		JSA	VHAT COUNTRY?	8. MARRIEL WIDOWE	NEVER MARRIED DE DIVORCED	9. BALTIMORE CITY <u>O</u> I Washin	-	DEATH	MD.
	TY OR TOWN OF DEATH			OSPITAL, NURSING FACILITY GIVE STREET A VILLA NU		Home	129. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Sheet meta	WORKING LIFE	INDLISTRY	raft mfg
13a. S	al residence (if nursing tate 13 aryland	HOME OF OTHE L COUNTY Washi		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Hagers	۱ ۱	13d. Inside City Limits? Yes 🔀 no 🗌	13e. STREET ADDRESS Locust	Street		
14 FA	THER'S NAME FIRST Harry	E. S	emler	LAST			louskulp		LAS	ii
	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED		146-07-		Mrs. Elsie	S. Fiery, 91	8 Dewe	rstow	e.  n. Md.  imate interval onset and death
	Canditions, if any, we gave rise to immedicate (a), stating underlying couse	diote the lost.	(b) DUE TO, OR	AS A CONSEQUE AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	had DISEASE OR COND	DITION GIVEN	IN PART 10	0)
CERTIFICATION	190 DATE OF OPERATIO	DN .	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	206. IF YES, WIN CERTIFYIN	IG CAUSES	
CAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	JSE OF DEATH	21b. TIME OF HOUR A.A P.A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART	T OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
N.	22a L certify that (1) (the saw the deceased above, (1) (we) (did 22b. SIGNATURE	olive on_ (did not) vie	w the body	19	, on	, 19 ad that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN	MEDICAL _ STAF	ete and hour or		
1	22d. PHYSICIAN'S NAM	AE ITYPE OR PRI		1 an		22e ADDRESS	BEANT.			ALAN DA

234 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

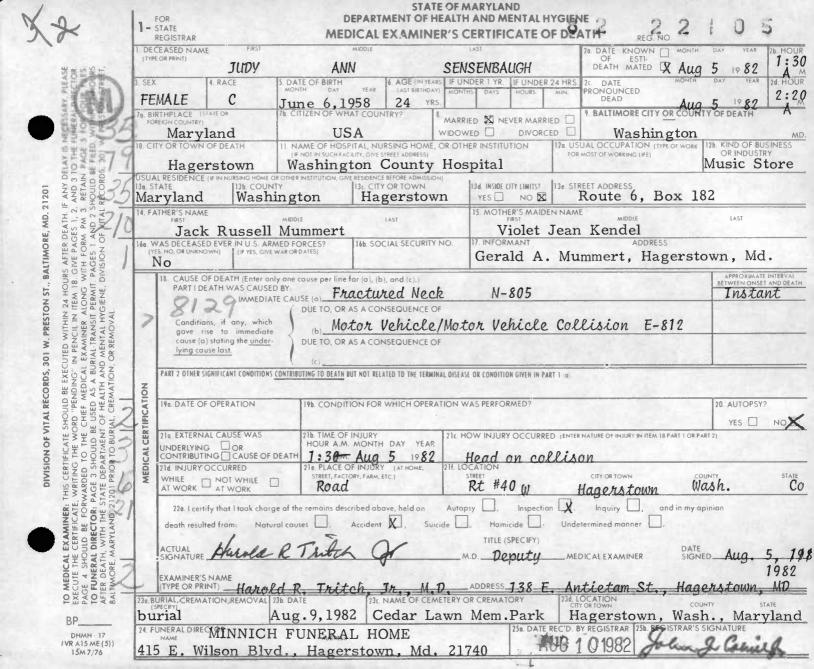
230 BURIAL, CREMATION, REMOVAL (SPECIFY) **burial** 

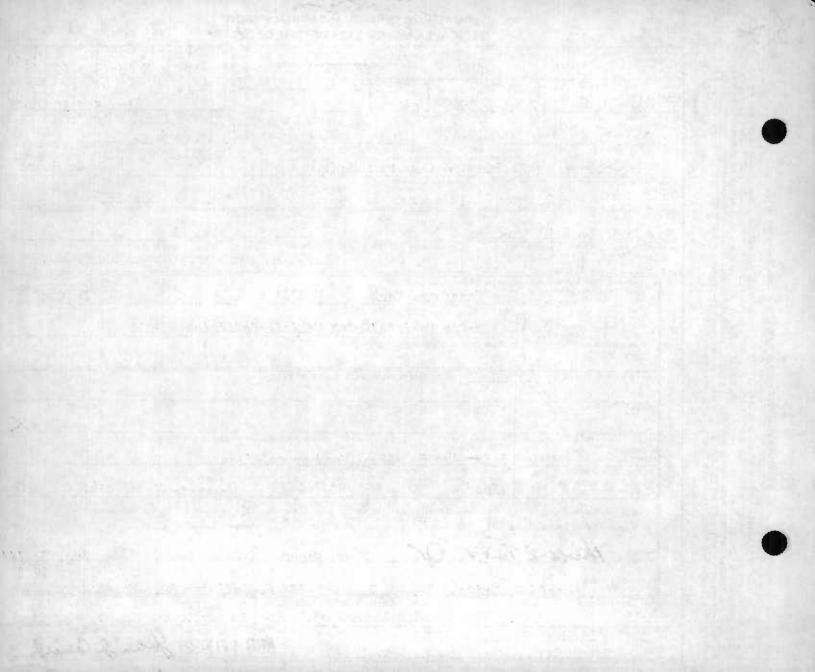
burial Aug.12,1982 Rest Haven Co

23b. DATE

133d LOCATION
CITY OR TOWN
Hagerstown, Wash., Mary land Rest Haven Cemetery

Tat Tit		EE STATE
files its system		
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	mail de la company	The Miner
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) io: Bo ESTI-DEATH MATED Ronald Shadrach 20 1982 Lee 6. AGE (IN YEARS IF UNDER 1 YR. 3 SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE MONTH LAST BIRTHDAY 1:30 AM PRONOUNCED 1982 male May 8 1935 47 DEAD cauc To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Washington Maryland U.S.A WIDOWED DIVORCED AGES 1, 2, AND 3 TO THE FUI ORM PM 3. RETAIN PAGE 5 11 AND 2 SHOULD BE FILED V OF VITAL RECORDS. 201 W. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

30 Summer St. FOR MOST OF WORKING LIFE)
Driver OR INDUSTRY Hagerstown Taxicab USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Wash. 13c CITY OR TOWN Hagerstown 130. STATE 13d INSIDE CITY LIMITS? 30 Summer St. Md. NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ITEM 18. GIVE PAGES 1, CONG WITH FORM PM. MIDDLE Shadrach MIDDLE Catherine Garling Gernard 166. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS PAGES 1 DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES 218-30-8427 Mrs. Catherine G. Shadrach Hagerstown, Md. no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. REGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) acute myocardial infarction 410 minutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION muscular dystrophy

196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 20 AUTOPSY? YES 🗌 NO X 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M THE PLACE OF INILIRY 21f. LOCATION 21d. INJURY OCCURRED (AT HOME STREET, FACTORY, FARM, ETC.I STREET STATE WHILE CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK  $\mathbf{x}$ 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion deoth resulted from: Notural causes Homicide Suicide Undetermined monner TITLE (SPECIFY) DATE Aug. 21,1982 deputy MEDICAL EXAMINER FXAMINER'S NAME ADDRESS 138 E. Antietam St., Hagerstown, Md Harold Tritch M.D. (TYPE OR PRINT) Singths burg, Wash, Md. 230 BURIAL, CREMATION, REMOVAL 136. DATE Aug. 22, 82 23c NAME OF CEMETERY OF CREMATORY Smithsburg Crematory STATE BP SY RESISTRAR SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** Davis Funeral Smithsburg, Md (VR A15 ME (5) 15M 2/80

12 ZOTAHIL The state of the s A President Annual Company of the President Action

THE THE THE TOTAL PRINCE STATE

3		FOR 1 ~ STATE REGISTRAR		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENS 2 2 2	2 1 0	7
, pe	(M)	I. DECEASED NAME (TYPE OR PRINT)	Cecil	Benson	SHAW	August 5, 1982	DAY YEAR	26 HOUR
ge 4 moy		male		4. RACE white	S. DATE OF BIRTH Sept. 2, 1905	6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
201 ors ofter deoth. Poo	the fueroi de falle of the fall of the fa	70. BIRTHPLACE ISTATE COUNTRY) Virginia 10. CITY OR TOWN OF E Hagerstown	DEATH	Washington C	MARRIED NEVERMARRIED DIVORCED DIVORCED OF OTHER INSTITUTION ADDRESS!	9 BALTIMORE CITY OR COUNTY  Washington  120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND O	MD. F BUSINESS OR nbing sur
BALLIMOKE, MARYLAND 2120 cote be executed within 24 hours	Poges 1 and 2 should medical examiner must	Maryland 14 FATHER'S NAME FIRST	Wash	nington Hagersto MIDDLE Worth Shaw	N I3d INSIDE CITY LIMITS? YES NO A  15. MOTHER'S MAIDEN NA FIRST Nettie  RITY NO. 17. INFORMANT	A. Austin ADDRESS Abaw, Hagerstown	venue	
KUS, 201 W. PRESION ST., BALL equires that the death certificate b	n signed by the ottending physicio Then please remove carbon popers: To buriol, cremation, ar removal. injury, or other troumatic event, the	Conditions, if o gove rise to i cause (a), sto underlying cou	IMMEDIAT IMMEDIAT my, which mmediate	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	enouse of	Lumg	APPROXI	MATE INTERVAL 2005 AUDITATIO
DIVISION OF VITAL KELO SPITAL OR ATTENDING PHYSICIAN: The low of by the hospitol or ottending physician.	UNERAL DIRECTOR. After this certificate has bee d be detached for use as the burial-transit permit- the State Dept. of Health and Mental Hygiene prio- RTANT: If them 21 is marked or Item 18 shows any	220.1 certify that sow the deco	CAUSE OF DEA	21b TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FA tol) offended to deceased from 1) view the body after death.	19 211 LOCATION STREET  and that in (my) (my) opinion of DEGREE	200 AUTOPSY? 200 IF YES IN CERTIF' YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18, P.  CITY DE 10.7 M  deoth occurred on the date and hour  MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY	OF DEATH? NO STATE

23c. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

DHMH-16 50M 1/B1 (VRA 15, 4)

415 E. Wilson Blvd., Hagerstown, Md. 21740

Aug. 9, 1982

236 DATE

230. BURAL, CREMATION, REMOVAL

burial

23d LOCATION
CITYORTOWN
Hagerstown, Wash., Maryla

Cancernance of Cumpy 7/5/80 and the Lease Decens 7/30 2/2 1/2 8/5 24-01/ Variable 1 W. Carter 1001 - V - 1000 - V - 1 DOWN COE MANTEN HID 3 S S Cherdand Am MOT THE PARTY STATE OF THE PARTY OF

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	2	2	1	n	2
En	- Ga	6.0	T.	9	-

		REGISTRAR			CERTIF	ICATE OF D	EATH		REG. NO.		
	1. DEG	CEASED NAME FIRST CORPRINTS AME Rena	10	Lee /	Slight	Shi	pley	AUGUS	T 27.18	82 YEAR	26. HOUR 2 170 AM
	3. SE	Female	4. RACE White		S. DATE C	7	1910	6. AGE (IN)	(EARS LAST BIRTHDAY)	MONTHS DAYS	
35	(	RTHPLACE ISTATE OR FOREIGN COUNTRY) West Virginia	76 CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER M	ARRIED .		RECITY OR COUN	TY OF DEATH	MD.
9		Hagers town	Washing	OSPITAL, NURSIN HEACILITY, GIVE STREET JOHN COUN	ty Ho		TUTION	TYPE OF WOR	OCCUPATION K FOR MOST OF WORKING EW I fe	LIFE) 126. KIND ( INDUSTRY HOR	
5	13a. S			GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hagers to	N		№ 🖔		ADDRESS N.Valley	Drive	
0			MIDDLE eridan	Shack le		Mar	IRST.	167-30	MIDDLE US an	Hite	
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 219-12-1		Nancy	Knodle	(it	em13 abov		KIMATE INTERVAL ONSET AND DEATH
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(b) DUE TO, OR (c)	AS A SOUSEOUE AS A CONSEQUE ONTRIBUTING TO D	copy	QUIL OUT	Cluv TO THE TERMI	INAL DISEAS	FIRM E OR CONDITION CO	GIVEN IN PART 1	(0)
2	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTO	JA CER	YES, WERE FINDI TIFYING CAUSES YES []	
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE JIF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK  22a. I certify that (1) (this hosp sow the deceased alive a obove, (4) (we) (did) (did in 22b. SIGN ATURE	21e PLACE C (AT HOME, STRI intol) onte adea the onto view the bady	M. MONTH DA  A.  DE INJURY  SEET, FACTORY, OFFICE, F.  Adeceosed from 19	ARM, ETC.)	211 LOCATIO STREET	n, 19 our) opinion of	medical	CITY OR TOWN	county  19 our and from the	SIGNED
		22d PHYSICIAN'S NAME LIVE	PRINTIPLIZATO	Mardiz	abal	3 Y	382/S	, Cley	land Ave.	Hagers	21740

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumotic event, the

should be detoched for use as the burial-transit permit. Then please remove carbant with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar rem

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

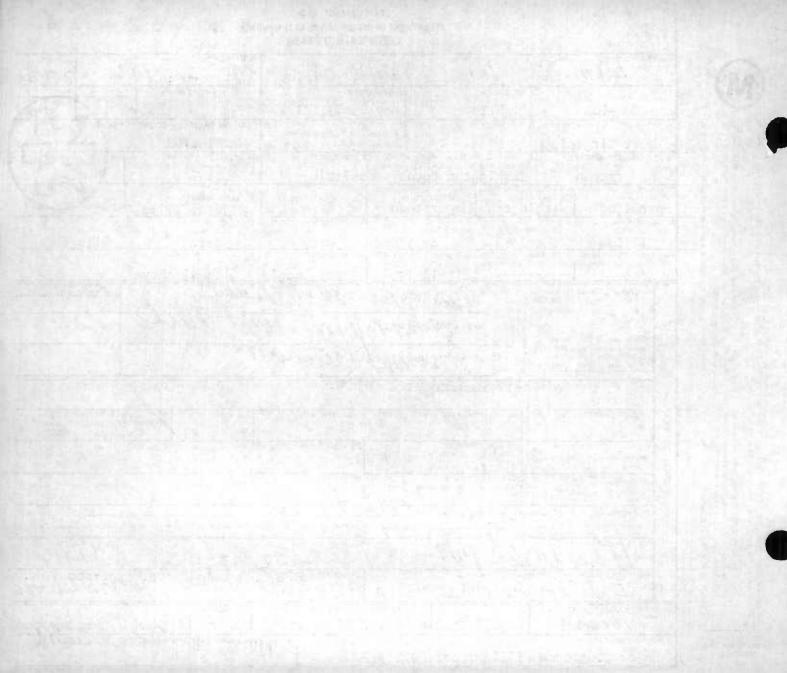
24. FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Aug. 30, 1982 Bakersville Cemetery

tery Bakersville ashington Mary land

Major M. Osborne Williamsport, MD 21795

23b. DATE



		11m G5/1 9/2/02 rcstate of		
	FOR 1- STATE		H AND MENTAL HYGIENE	22109
)	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
1 4	(TYPE OR PRINT)	MIDDLE	LAST Za. DATE OF	KNOWN MONTH DAY YEAR 76. HOUR
カタル 温川	Char	rles Arthur	Smith DEATH	MATED 🛭 8 2 1982 M
AGE PA	SEX 4. RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF U	INDER TYR. IF UNDER 24 HRS. 2c. DAT	E MONTH DAY YEAR 12:50  8 8 1982 P.M
100 TO 10	Male White	11 6 30 51 YRS.	DEA DEA	8 8 1982 P.M
83.15	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	176 CITIZEN OF WHAT COUNTRY?	RIED NEVER MARRIED . 9. BALTIN	MORE CITY OR COUNTY OF DEATH
NECES FUNER 5 FOH W. PRE	Maryland	U.S.A. WIDO		shington County, MD.
ISN SEFU	10. CITY OR TOWN OF DEATH	IT. NAME OF HOSPITAL, NURSING HOME, OR OT	HER INSTITUTION 12a. USUAL OCCU	JPATION (TYPE OF WORK 1/26 KIND OF BUSINESS
A PARTY	Funkstown	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Antietam Creek	Machine	Operator Pangborn
SED B	USUAL RESIDENCE (IF IN NURSING HOME	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	had more any annual by a series	
ANN		nington Nagerstown	13d. INSIDE CITY LIMITS? 13e STREET ADDR	efferson Blvd.
AL AL	14 FATHER'S NAME		15 MOTHER'S MAIDEN NAME	
BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND 3 I'TH FORM PM. 3. RETA	Earl	M Smith	Edna	Harshman
NA N	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? THE SOCIAL SECURITY NO.	17. INFORMANT	2531ss Jefferson Blvd
OURS AFTER DEATH. IF ANY DELAY IS NE 1.18. GWYE PAGES 1, 2, AND 3 TO THE FUJ 3. WITH FORM PM. 3. RETAIN PAGE 5 I 3. WITH ACGES 1 AND 2. SHOULD BE FILED.  IE, DIVISION OR VITAL RECORDS 201 W.	Yes, NO. OR UNKNOWN) (IF YES, GIV	ve war or dates) 215-26-8832	Dorotha J. Smith	
WITH PA		only one cause per line for (a), (b), and (c).)	porocita u. Bilitti	APPROXIMATE INTERVAL
MA 18	PART I DEATH WAS CAUS	SED BY: Drowning		BETWEEN ONSET AND DEATH
ULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM IS FF MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI HEATTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.	9100 IMMEDI	DUE TO, OR AS A CONSEQUENCE OF		
W. PRESION ST., WITHIN 24 HOUF ENCIL IN 1EA 18, MINER ALONG WITHIN ALVERONG WI	Conditions, if ony, which	ch .		
MINE NCI	gave rise to immediate couse (a) stating the unde			
ING' IN PRICAL EXAMINATION, CANTION, CAN	lying cause last.	E DOE TO, OK AS A CONSEGUENCE OF		
A S S S S S S S S S S S S S S S S S S S	PART 2 OTHER SIGNIFICANT CONDITION	(c)	SEC OB CONDITION CIVEN IN BART Y	
MEDICAL D AS A BU TEALTH AN CREMAT		Arteriosclerotic Card		
C EAL A	190. DATE OF OPERATION	I 196 CONDITION FOR WHICH OPERATION		20. AUTOPSY?
RAP SE	OF C			
L BENEF	190. DATE OF OPERATION  710. EXTERNAL CAUSE WAS	27b. TIME OF INJURY Est. 21c.	HOW INJURY OCCURRED LENTER NATURE OF II	YES X NO
TA C		HOUR A.M. MONTH DAY YEAR	Subject found in wat	
SHORE	UNDERLYING CAUSE OF CONTRIBUTING CAUSE OF 214 INJURY OCCURRED WHILE NOT WHILE		OCATION	, e r
RDE 3 7 10 01		STREET, FACTORY, FARM, ETC.]	STREET CITY OR TO	
CZZZZ	AT WORK AT WORK	Water A	ntietam Creek	Washington Co. Md.
8 H 2	22a. I certify that I took cha	rge of the remains described above, held an Auto	psy X. Inspection . Inquiry	and in my opinion
PES /	death resulted from: A Nat	turol couses . Agrident . Suicide .	Homicide Undetermined n	onner .
AAR WEEK	ACTUAL 1/	ner (A W)	TITLE (SPECIFY)	
₹¥, ₩, ₩	SIGNATURE VI	more une mil	M.D. Assistant MEDICAL EXA	MINER DATE 8-9-82
NOR NEW	EXAMINER'S NAME MA		111.6	
EXECUTE THE CERTIFICATE, WRITING THE WORD "PE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE. BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, OF	(TYPE OR PRINT) Mar	garita A. Korell, M.D.	_ADDRESSIII Penn S	treet
22729	230 BURIAL, CREMATION, REMOVAL		CITY OR TOWN	COUNTY STATE
m	Burial	8-12-82 Mt.Zion U.		ville Fred MD
HMH - 17/87	24 FUNERAL DIRECTOR	er ketterojess	ALIC 4 5 108	AR 25 PEGISTRAR'S OGNATURE
ME (5)) T	ittle-Ricketts	F.H. Myersville, MC	AUG 1 3 190	
20M 4/B2				

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			mendalani
.DvI homietich 1		ingtun Hagerstown	des Smelvis
1 , myoungers naze	Horotina J. El	SC 11 (210-25-8632	- Italia Epine
			A LIST APPE
	at boar frage		

FOR

FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH 2b. HOUR 9:20 IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Washington 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cosemetology 13e. STREET ADDRESS 28 E. Main Street

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Dugan

minutes

NO T

STATE

7-21-82

20b. IF YES, WERE FINDINGS USED

YESX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

,, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22r. DATE SIGNED

8-4-82

318 N. Potomac St., Hagerstown, Md. 21740

250. DATER

BP. DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

1.	- STATE REGISTRAR			FICATE OF DEATH	REG. NO.	6-	
	CEASED NAME FIRST	N	NODLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
		atharine	S	toner	August 3, 1	982	4:50 F
3. SE		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEA	
	Female	White	Jun	e 26, 1888 FAR	94	RS.	HOURS MIN.
7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	VHAT COUNTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH	
	Pennsylvania	U.S.A.				County	
10 C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND	OF BUSINESS O
	Hagerstown		t Long Meado	w Road	Dress Maker	INDUSTR' Own	Business
UsU.	AL RESIDENCE (IF NURSING HOME STATE 13b CC	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	1)	In CIPELL ADDRESS		
		shington	Hagerstown	YES NO TO	105 East Long	Meadow	Road
14 FA	THER'S NAME	WIODLE	LAST	15. MOTHER'S MAIDEN N	MIDDLE		
	Josiah		Hartman	Sarah	WIDDLE	Hoove	r
160 V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	105 East	Long Me	adow Rd
	NO OR UNKNOWN) (IF YES.		232-01-8304	Hilda L. St	oher Hagersto	um. Md	adon sas
	18 CAUSE OF DEATH   Enter	anly one couse per	ine for (a), (b), and (c/)	111 1	= 1,1	APPRO	XIMATE INTERVAL NONSET AND DEATH
	PART I. DEATH WAS CAU	ISED BY:	erelled 1	Mouliner	right then	valen	
7.74	4340	DUE TO CO	AS A CONSEQUENCE OF	0	//	1100	- 1- 1- 1V
1,70	Conditions, if any, which	1	relien	anton	200-	1	la
	gove rise to immediate couse (a), stating the	DUE TO-	AS ACONSEQUENCE OF		1	0	
	underlying cause last.	(6)	Lower	unter C	action de	T 4	いり、
	PART ER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1	10
ON	Vacen	aller -2	in since	= may 82	2.		
CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b. II	YES, WERE FIND	INGS USED
TIFI					YES NOT	RTIFYING CAUSE	NO T
	21a. ACCIDENT WAS UNDERLYING		INJURY A. MONTH DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2)	
MEDICAL	OR CONTRIBUTING CAUSE OF	DEATH					
EDI	21d. INJURY OCCURRED	21e. PLACE C		21f. LOCATION	CHYORIOWN	COUNTY	STATE
2	WHILE NOT WHILE TO	TAT HOME SIRE	ET, FACTORY, OFFICE, FARM, ETC.)	SINCE	CHIOKIOWIA	COUNTY	SIAIE
	22a.1 certify that (1) XtXXxXx	(XIXI) attended the	deceased from 27 JU	Iy 19 59			that (1) X.X.) los
	bow the deceased plive			and that in (my) (XX apinio	n death accurred on the date and	hour and from the	e couses stated
	22h SJGNASORE	1/	/ /	DEGREE			E SIGNED
	Verlla	11	Surpe	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3 Au	g., 1982
- 13	228. PHYSICIAN'S NAME (TY	PE OR PRINT)	1	22e ADDRESS	A DIRECTOR PHILSICIAN	Pila	9., 1502
	Richard T. B	Rinford M	i.n. /	1135 Potoma	c Avenue, Hager	stown M	d 21740
23a E	LIBIAL CREMATION PEMOY			CEMETERY OR CREMATORY		3 00 1111 5 171	G: L://TO
-	Burial	8-6-82			CITY OR TOWN	COUNTY	STATE
	DILINI	0=0=0/	Line L. Line i i Ch.	משמיו מסידוות ו	tons Mideen To	The seal of the	D-
	JNERAL DIRECTOR	0-0-02	narbaug	h Church Ceme	tery Midvale,	Franklin	Pa.

Turnal of made of maint James Iwania | CH. S. J. associated and the state of the And we say that the first seems are the seems of the seem denis - medical - mileo. 1 700 105 Sust Long Vester 16. - 222-01-330K Bilda L. Stober In controls, IN. Marie - will be a series that the ... נפוצ שת ביתרבעוב הספר, ביתר, וע יום יום יום יום. ...

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a decrease	and The dotte	D To Date !	MI CHES- CES		

IMPORTANT: If Hem 21 is marked or Item 18 shaws any injury, or other traumatic event. th

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

2	2	2	1	1	,

		REGISTRAR				CEKITE	ICATE OF DEATH	REC	. NO.		
		CEASED NAME	FIRST		MIDDLE	l.	AST	20. DATE OF DEAT		DAY YEAR	2b. HOUR
	1110	E CREPRINT	mmett	Lu	ther	STO	TLER	Augus	t 5, 19	82	11:30 PM
	1. SE		1	. RACE	OH STORY	5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	ma	ale		white		Dece	ember 8, 1924	57	YRS.	MONTHS DAYS	HOURS MIN.
30		IRTHPLACE (STATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUNTRY	/? 8	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
19	Ma	aryland	100	USA		WIDOWE	D DIVORCED	Washin	gton		MD.
G	10 C	ITY OR TOWN OF DEA	TH	/ IF NOT IN SUC	HEACHITY CIVE STOP	ET ADDRESS	OR OTHER INSTITUTION	120 USUAL OCCUP			F BUSINESS OR
		agerstown		Washin	igton Co	ounty	Hospital	supervis		CONS	truction
25	USU 13a	AL RESIDENCE (IF NURS	136 COUNT		131. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRE	SS		
10	Ma	aryland	Wash	ington	Hagers		YES NO X	Route	8, Box	815	
	14 F/	THER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			
10		Emmett			LAST		Mary M	. Sheppar	d	LAS	T
-		VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT		DRESS		
		YES, NO OR UNKNOWN)	W.W	• II	723-12-	5855	Madeline F	. Stotler,	Hagers	town,	Md.
		18 CAUSE OF DEAT	H Enter only	one couse ber	The lai (a), (b), a	and (ci.)	(1)			APPROX.	MANUE WITH STATE
-		PART I. DEATH W	AS CAUSED IMMEDIATE		renta	icula	w riparile	alley		MU	Wolle
305		4100	)	0	D. CONTEGO	usus De 1	7-11	, 0		11	10105
		Conditions, if any,	which	DUETOS	W ALL	العام الم	as Hear	1 11200	200	7 71	1180
		gove rise to imm	rediote	(6)_	0.5.24	1/100	0 0 =	- 0	1		
		underlying cause		DUE TO, Q	ALA Ded	ice of	reader.	THORES	was		
	7	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION GIV	EN IN PART 11	3
	10								/		
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20e AUTOPSYT	IF YES	, WERE FINDIN	OF DEATH?
1	RTI							YES   NO	V YE		NO 🗌
a		21a. ACCIDENT WAS UND		216. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART 2)	
1	S	LIFEITHER NOTIFY MEDIC		Ρ.	M.	19	100				
4	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY	F FARM FIC )	211. LOCATION	CHY	RTOWN	COUNTY	STATE
	2	AT WORK NOT WH	ILE		1		K/11 10	P/	_	62	,
		22a. L certify that (1)	(this hospite	d) ottended th	deceased from	-07	2/15 19 00	,60	0	1906	that (I) (ye) lost
	н	saw the decrase above, (I) (we) (d	d alive on_	view the body	alter death	<u>5</u> -, or	nd that in (my) (arr) apinion	death occurred on th	e date and hou	r and from the	couses stated
		226. SIGNATURE	0	1		7	DEGREE			12.0/4	s syllen
		1 xoua	D) C	MC	ulu	5 /	ATTENDING PHYSICIAN		STAFF SICIAN [	18/6	182
1		220 PHYSICIAN'S NA	ME TYPE OR	PRINT)	6/11/	2	22e ADDRESS	1.	11	11	11.1
1		DONAC	1) 6	MAN	am/	W/	563511	evelleno	1 Aus	- All	2/1001
	23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	234 LOCATION		24350	1
	bı	irial		Aug.9	1982 C	edar I	Lawn Mem.Par	rk Hager	stown, W	Wash.,N	laryland

DHMH-16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTMINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

The DATE RECT. SERECULARIZA REGISTRATE SOCIEDATION

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STATE OF MARYLAND

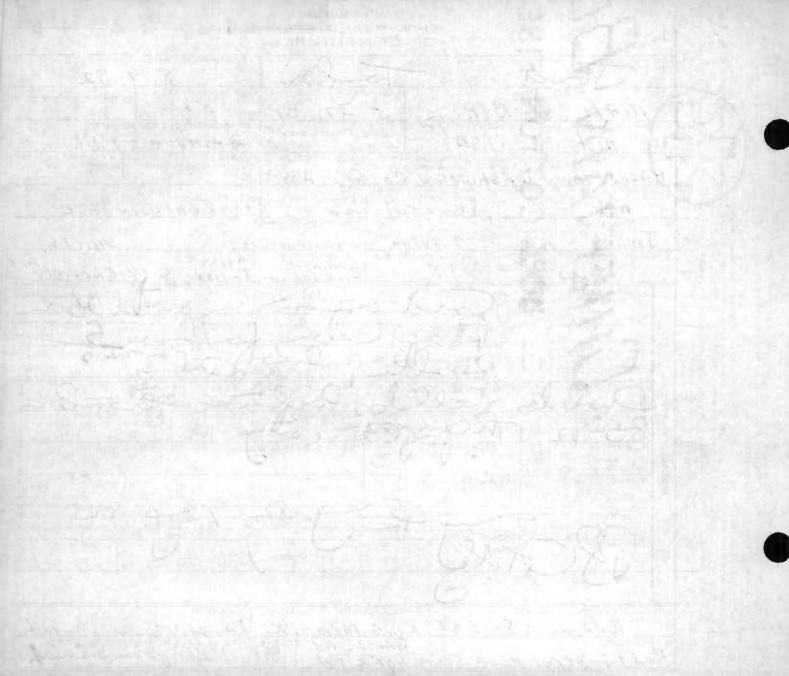
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	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 2	2 1 1 5
	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR Zb. HOUR
oge 3	Jesse	Oliver	Sword	8-3-82	A.
d a la l	3. SEX Male	White	5. DATE OF BIRTH  MONTH 11-3-04 YEAR		UNDER LYEAR IF UNDER 24 HRS
	Maryland	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Washington	
by the f	OHegrspring	Residence		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Laborer	12b. KIND OF BUSINESS OR INDUSTRY Aircraft
filled in hould be		INTY 13c CITY OR TOW	pringres no e	130. SIREE DADDRESS Box 1	58
completely Lond 2 sh	John C.	Sword LAST	15. MOTHER'S MAIDEN NA Besse	T. Br	icker
Pages medic	160 WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES. G	RMED FORCES? 166 SOCIAL SECU NE WAR OR DATES) 219-05-		Sword RFD-2 C	learsprinG
ng physicial bonpopers. remaval.	PART I. DEATH WAS CAUS	inly ane cause per line far (a), (b), an ED BY: ATE CAUSE (a)	Cardiac Arres	t	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes
ed by the ottendi blease remove cor rial, cremation, a or ather traumat	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)	ry Atheroscler		yrs
Sign Then j to bu	Z Di ahete	es Mellitus -	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	N IN PART I (a)
hos beer t permit.	Diabete 19a DATE OF OPERATION  none 21a ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, IN CERTIFY!  YES NOX YES	WERE FINDINGS USED ING CAUSES OF DEATH?
g physician ertificate h iol-tronsit protol Hygier tem 18 shov		HOUR A.M. MONTH DA	YEAR 19 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T ( OR PART 2)
attendin ter this c ss the bur h and Me	OR CONTRIBUTING CAUSE OF DI  (IF EITHER, NOTIFY MEDICAL EXAMINI  21d INJURY OCCURRED  WHILE NOT WHILE  AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
spital or CTOR: Al for use of Heolt	saw the deceased alive o	oital) ottended the deceased from_ n	May , 19 73 82 , and that in (my) (aur) opinion	, ta Aug 3 , 19 death occurred on the date and hour of	nd from the couses stated
AL DIRECTORECTORECTORECTORECTORECTORECTORECTO	The SIGNATURE LEN	MD.	DEGREE ATTENDING PHYSICIAN <b>X</b>	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 8-4-82
should be de with the Store	22d PHYSICIAN'S NAME (TYPE	Lesh M.D.	22e. ADDRESS	on Ave Hagerst	own.Md
te Sta X	23a. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP	Burial	Aug 6, 82 B1	airs Valley	Clearspring	Wash. Md
MH - 16 50M 1/81 (VRA 15, 4)	mald mald	E. Thomp	Soning Md 250. DAI	E REC'D. BY REGISTRAR 25 PEGISTRA	

DHMH - 16 (VRA

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STATE OF MARYLAND

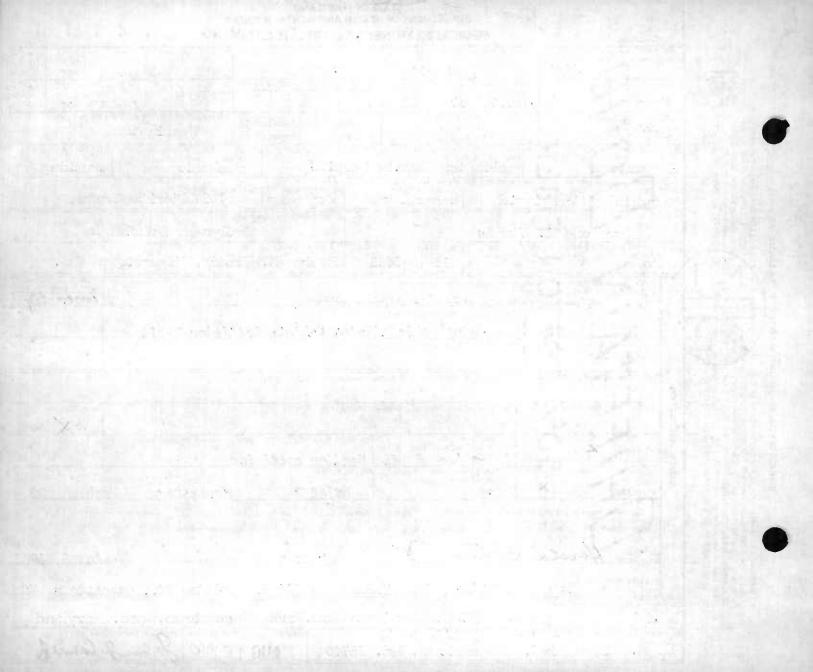


	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF	ITE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	IEN 3 2 2 2		17
		CEASED NAME FIRST France	s Naomi Thoma	as	LAST	August 4, 1982	Y YEAR	26. HOUR P
	3. SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UND		
th)	₹a. B	emale  IRTHPLACE (STATE OR FOREIGN COUNTRY)  ennsylvania	White  The CITIZEN OF WHAT COUN  USA	TRY? 8.	IED NEVER MARRIED	81 YRS.  BALTIMORE CITY OR COUNTY C  Washington	F DEATH	
1/6	10 C	Tagerstown	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: Ravenwood	JRSING HOME STREET ADDRESS) Luther	an Village	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) housewife	126. KIND O INDUSTRY	DF BUSINESS OR
Semmet 9	Ma		NTY 13c CITY OR	BEFORE ADMISSION TOWN rstown	13d. INSIDE CITY LIMITS?	13e SIREEI ADDRESS 1183 Luther Dr		
)   O		ATHER'S NAME Ebenezer Walke				iza J. Hannah	LAST	а
medica	16a V	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GO	MED FORCES? 166 SOCIAL 214-74	SECURITY NO. 1-6142	Ruth Custer	, Hagerstown, Md		
injury, or ather traumatic ev	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONS		leister H	Auch Whas	IN PART 110	3
S ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? 200 IF YES, V	WERE FINDIN NG CAUSES	NGS USED OF DEATH?
or Hem 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)	
IMPORTANT: If Item 21 is morked o	ME	WHILE NOT WHILE AT WORK  270.1 certify that (this haspi	tol) ottended he deceased fr	01/2/3	and that in (my) (our) opinion of DEGREE	death accurred an the date and hour a	22c. DATE	
J/Bi	24 FL	BURIAL, CREMATION, REMOVAL (SPECIPY) Urrial UNERAL DIRECTMINNIC LS E. Wilson Bly	Aug.7,1982 H FUNERAL H	Cedar OME	CEMETERY OR CREMATORY  Lawn Mem. Par  250 PAIL  21740	23d LOCATION	OUNTY	laryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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, certificate has been signed by the attending physician and car urial-transit permit. Then please remove carbon papers. Pages 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Item 18 shows ony

Lewis   Warren   WAUGH   August 3, 1982     3 SEX   Mare   White   July 8, 1897     4 BRITHPLACE (SCALE DEFORM)   TO CHIZEN OF WHAT COUNTRY   WASHINGTON   TO CHIZEN OF WHAT COUNTRY   WASHINGTON   TO CHIZEN OF WHAT COUNTRY   WASHINGTON     5 DATE OF BRITH   WASHINGTON   TO CHIZEN OF WHAT COUNTRY   TO WORK OF WORK O	9	ENB 2 2 2 1 1	OF MARYLAND CALTH AND MENTAL HYGIEN CATE OF DEATH	DEPARTMENT OF		FOR - STATE REGISTRAR	1
Lewis Warren WAUGH August 3, 1982  J. SEX	26 HOUR		St 20 DA	EASED NAME FIRST MIDDLE L		CEASED NAME	1.
Maryland    Second	9 Am M	August 3, 1982	AUGH A1	Warren W	ewis		10
## BIRTHPLACE (STATE OF FORE AT PART OF THE TOTAL OF WHAT COUNTRY)  ## BIRTHPLACE (STATE OF FORE AT PART OF TOWN OF DEATH USA AMEDIATE TO THE TERMINAL DISEASE OR CONDITION SECRET FOR ARRIED AND ARE STREET ADDRESS AND OF LOWER OF THE TERMINAL DISEASE OR CONDITION SECRET FOR ARRIED AND ARE TO THE TERMINAL DISEASE OR CONDITION SECRET FOR ARRIED AND ARE TO THE TERMINAL DISEASE OR CONDITION SECRET FOR ARREST OR ARE TO THE TERMINAL DISEASE OR CONDITION SECRET FOR ARREST OR ARE TO THE TERMINAL DISEASE OR CONDITION SECRET FOR ARREST OR ARE TO THE TERMINAL DISEASE OR CONDITION SECRET FOR ARE	IF UNDER 24 HRS				4	X	3
Maryland  USA    Maryland   Washington   Was	HOURS MIN.	OF				male	
Maryland   USA		BALTIMORE CITY OR COUNTY OF DEATH	NEVER MARRIED TO BAL	CITIZEN OF WHAT COUNTRY?	FOREIGN 7		F
Hagerstown  Washington County Hospital  USUAL RESIDENCE (IF NOWS)NO HOME OF OTHER INSTITUTION OF RESIDENCE EFFORE ADMISSION   136 COUNTY   136 COUNT	MD.	Washington		TICA			1
Maryland  Washington Funkstown  Is city or town Washington Funkstown  Washington Funkstown  Is missing city limits? Its street address in the part of the terminal disease or condition given in part 110.  The part of operation  The distribution of the part of the terminal disease or condition given in part 110.  Washington Funkstown  Is course of death was underlying couse lost.  Part 2 Other significant conditions contributing to death but not related to the terminal disease or condition given in part 110.  Washington Funkstown  Is course of the part of operation  Is course of the part of the terminal disease or condition given in part 110.  Part 2 Other significant conditions contributing to death but not related to the terminal disease or condition given in part 110.  Washington Funkstown  Is course of the part of operation or the terminal disease or condition given in part 110.  Washington Funkstown  Is course of the part of operation or the terminal disease or condition given in part 110.  Washington Funkstown  Is course of the part of the terminal disease or condition given in part 110.  Washington Funkstown  Is course of the part of the terminal disease or condition given in part 110.  Washington Funkstown  Is course of the part of the terminal disease or condition given in part 110.  Washington Funkstown  Is course the part of the part of the terminal disease or condition given in part 110.  Washington Funkstown  Is course of the part of part of the p		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	(TYPE C	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			1
James W. Waugh    Mary   Harbaugh   Mary   Harbaugh   Mary   Harbaugh				Y 13c CITY OR TOWN	136 COUNT	STATE	13
SCAUSE OF DEATH (Enter only one couse per line for (a) (b) pad (c.)		MIDDLE	FIRST			FIRST	14
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (0)		ugh, Funkstown, Md.				YES NO OR UNKNOWN)	160
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  NOTIWHILE NOTIFY MEDICAL EXAMINER)  21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  22a I certify that (I) (this hospital) attended the deceased from 1974 to 1974, to 1974, that		ur	A Rolling RELATED TO THE TERMINAL DI	DUE TO, OR AS A CONSEQUENCE OF	which mediate g the lost.	Conditions, if ony, gave rise to improve couse (a), stating underlying couse	20
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  NOTIWHILE NOTIFY MEDICAL EXAMINER)  21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  22a I certify that (I) (this hospital) attended the deceased from 1974 to 1974, to 1974, that		INCERTIFYING CAUSES O		196. CONDITION FOR WHICH OPERATION	TION	190 DATE OF OPERAT	TIFICATIO
22a I certify that (I) (this hospital) ottended the deceased from 111-114 , 1974 to 1974, the		D (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART ?)	21c. HOW INJURY OCCURRED (EN	HOUR A.M. MONTH DAY, YEAR	CAUSE OF DEATH	OR CONTRIBUTING .	
	STATE	CITY OR TOWN COUNTY			IILE 🗍	WHILE IN NOT WH	MEDI
sow the deceased alive an obove, (we) (did) (did not) view the body after death.	out (I) (we) last		, , , , , , , , , , , , , , , , ,	8/20 19 52	ed alive on_	sow the decease above, (M (we) (d	
226. SIGNATURE  DEGREE  ATTENDING   MEDICAL STAFF  PHYSICIAN   DIRECTOR   PHYSICIAN	GNED (F)	MEDICAL STAFF	ATTENDING _ MED	novertus	dry	22b. SIGNATURE	

23c. NAME OF CEMETERY OR CREMATORY

Funkstown, Wash., Maryland County By REGISTRAR 25 MAY LEST AND SECOND STATE OF THE SECOND SEC 230 BURIAL, CREMATION, REMOVAL burial Aug.5,1982 Funkstown Cemetery 74 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md.21740 DHMH - 16 50M 1/B1 (VRA 15, 4)

74 DATE

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH Washington County (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Maintanence Aircraft 206 Avon Road Rt.2, Box 726, Hagerstown, Md. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) pur) opinion death occurred on the date and hour and from the causes stated Rest Haven CemeteryHagerstown, Wash. Md. 24 FUNERAL DIRECTOR 1601 Penna. Ave. Hagerstown, Md 250 DATE RECD. Rest Haven Funeral Chapel, Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER

CERTIFICATE OF DEATH

IF UNDER I YEAR

MARKET A. J. SEEP, ST. MENTAL DE VALIGABLE DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR recoverille no. , somethe recovering and the contract of the c e \_ calter eve ave\_ ave\_ ave\_ selection, so. THE RESIDENCE THE REPORT OF THE Tender of the second of the se 2 23/82 lest feven JameveryHagnespron, Rada. Ma. reor haven runeyed thought, inc.

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DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

Hag., MD 1621 Salem Ave. Ext. "Sellman" Stoner Westminster, MD 21157 202 St. Matthew Court APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY that in (my) (ar) opinion death occurred on the date and hour and from the causes stated HAG. REST HAVEN CEMETERY 1601 Pennsylvania Ave. REST HAVEN FUNERAL CHAPEL Hag., MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

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Gerald N. Minnich Hagerstown, Maryland

305 Names PotomacSt.

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REGISTRAR

1. DECEASED NAME

24. FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b HOUR 23. 1982 AGE LIN YEARS LAST BIRTHDAYS 9 BALTIMORE CITY OR COUNTY OF DEATH Washington Countr 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY School 304 Garlinger Ave. Jones Lois H. Wiebel Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 13 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO I 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22c DATE SIGNED

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	Folia E. Hornbeiter, U.D.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENER

	REGISTRAR				CERTIF	FICATE OF DEATH	REG.	NO.		
	CEASED NAME E OR PRINT)	John		Raymond		Wiles	20. DATE OF DEATH August		082	1:40 A
3. SE	x male		4 RACE Whi	te	5. DATE (	11 8, 1885	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	IRTHPLACE (STATE COUNTRY) aryland	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY Wa:	or county shingto		MI
ŀ	ity or town of i	n	Ravenwo	ood Luthe:	ran V	illage	(TYPE OF WORK FOR MOS	T OF WORKING LIF	EL INDUSTRY	eday
13a.	Md.	13b. COU	NTY	1. GIVE RESIDENCE BEFORE 13c. CITY OR TOW Smithsbut	N	13d. INSIDE CITY LIMITS? YES X NO	136. STREET ADDRES 26 N. Ma.	in St.		
14. F/	John		MIDDLE H.	Wiles	3	15. MOTHER'S MAIDEN NA. Rebecca	WE		ľ.	aw
	WAS DECEASED EV YES, NO OR UNKNOWN)		MED FORCES? VE WAR OR DATES)	220-10-3		Mrs. Mary Sl.		mithsbu	rg,Md.	
	Conditions, if cooper to couse (o), strunderlying co	IMMEDIA  IMMEDIA  ony, which immediate oring the use lost.	D BY: TE CAUSE (o)  DUE TO, C  (b)  DUE TO, C	Cardia  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE	C Ar	rest	NINAL DISEASE OR CO	INDITION GIVE	Ins	imale interval onset and Death tant years
CERTIFICATION	19a, DATE OF OPE				101	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES	S, WERE FINDIN	NGS USED
MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY A 21d. INJURY OCC WHILE NOTIFY A AT WORK	CAUSE OF DE	R) P.	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F	19	211. HOW INJURY OCCURI 211 LOCATION STREET	RED (ENTER NATURE OF IN		COUNTY	STATE
	220.1 certify that	(I) (this hosp	Aug bt) view the body	2 /.	Nov. 82.	nd that in (my) (Mar) opinion	, to Aug. death occurred on the	dote and hou		
	Char	NAME (TYPE	OR PRINT)	20.			MEDICAL ST DIRECTOR PHYS	AFF SICIAN [		0-82
				Hess, M	.D.	P.O. Box	248, Smi	thsbur	g, MD	21783

BP. DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTANT: If them 21 is morked or them 18 sh

Davis Funeral Home P.A.

23b. DATE

230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Smithsburg

STATE

Smithsburg Cemetery | Smithsburg | 250 Date REC'D. BY REGISTRAD'S DEGISTRAD'S SCHALLER | 250 DATE REC'D. BY REGISTRAD'S SCHALLER | 250 DATE REC'D. BY REGIST Wash, Md.

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STATE OF MARYLAND

